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Union Calendar No. 668

100TH CONGRESS *2d Session*	HOUSE OF REPRESENTATIVES	REPORT 100-1129

A REPORT ON THE ACTIVITIES FOR THE YEAR 1988

OF THE

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

U.S. HOUSE OF REPRESENTATIVES

ONE HUNDREDTH CONGRESS

SECOND SESSION

together with

MINORITY VIEWS

and

CHAIRMAN'S RESPONSE TO MINORITY VIEWS

1989

JANUARY 3, 1989.—Committed to the Committee of the Whole House on the State of Union and ordered to be printed

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U.S. House of Representatives

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Honorable Donnald K. Anderson
Clerk, House of Representatives
Washington, D.C. 20515

Dear Mr. Anderson:

In accordance with House Rule XI (1)(d), we are pleased to transmit the enclosed report entitled, "Activities Report for the Year 1988 of the Select Comittee on Children, Youth, and Families, 100th Congress, Second Session." This report has been preceded by a document entitled, "A Report on the Activities of the Select Committee on Children, Youth, and Families, 100th Congress, First Session," summarizing our activities for 1987, which was submitted to you earlier.

Read together these reports provide an analysis of the committee's work during the 100th Congress.

Respectfully submitted.

Sincerely,

George Miller

GEORGE MILLER
Chairman

Dan Coats

DAN COATS
Ranking Minority Member

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Union Calendar No. 668

100TH CONGRESS
2d Session

HOUSE OF REPRESENTATIVES

REPORT
100-1129

A REPORT ON THE ACTIVITIES FOR THE YEAR 1988 OF THE SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

JANUARY 3, 1989.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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Mr. MILLER of California, from the Select Committee on Children, Youth, and Families, submitted the following

REPORT

MEMBERSHIP

The Select Committee on Children, Youth, and Families during the Second Session of the 100th Congress included 30 members, each of whom served on the Full Committee and one or two of the Committee's three task forces. The members are listed below:

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TASK FORCE ON ECONOMIC SECURITY

PATRICIA SCHROEDER, Chair
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SUMMARY OF 1988 ACTIVITIES

Following is a list of the activities conducted by the Select Committee on Children, Youth, and Families during the calendar year 1988. Following the list are summaries of the major findings of each hearing, their corresponding fact sheets, and excerpts from reports issued.

HEARINGS CONDUCTED

Youth and Violence: The Current Crisis
Washington, D.C.

Foster Care, Child Welfare and Adoption Reforms (Jointly held with the Committee on Ways and Means, Subcommittee on Public Assistance and Unemployment Compensation)
Washington, D.C.

Young Children in Crisis: Today's Problems and Tomorrow's Promises
Field Hearing - Los Angeles, California

Foster Care, Child Welfare and Adoption Assistance (Jointly held with the Committee on Ways and Means, Subcommittee on Public Assistance and Unemployment Compensation)
Washington, D.C.

Double Duty: Caring for Children and the Elderly
Washington, D.C.

Child Welfare, Foster Care and Adoption Assistance (Jointly held with the Committee on Ways and Means, Subcommittee on Public Assistance and Unemployment Compensation)
Washington, D.C.

A Domestic Priority: Overcoming Family Poverty in America
Washington, D.C.

SITE VISITED

Para Los Ninos, Los Angeles, CA - Para Los Ninos is a comprehensive social service agency serving homeless and transient families with children. The agency provides child care for children ages 6 weeks through 5 years, and a parent/child early intervention program.

REPORTS ISSUED

A Report on the Activities of the Select Committee on Children, Youth, and Families, 1987 - The report includes a list of hearings conducted, sites visited, and reports issued during 1987; summaries of the major findings of each hearing and their corresponding fact sheets, and a list of witnesses and those who submitted testimony for the record.

Opportunities for Success: Cost Effective Programs for Children, Update, 1988 - This bipartisan report shows how 8 programs for children and youth have improved the lives of the participating children, and have saved public monies as well. The report includes an annotated bibliography of relevant research. The

highlighted programs include: WIC, Prenatal Care, Medicaid, Childhood Immunization, Preschool Education, Compensatory Education, Education for All Handicapped Children (P.L. 94-142), and Youth Employment and Training.

Continuing Jeopardy: Children and AIDS - This staff report provides an update of the Select Committee's report, "A Generation in Jeopardy: Children and AIDS." The study highlights the continuing rapid growth in reported cases of AIDS (Acquired Immune Deficiency Syndrome) among children, the widening geographic spread of HIV infection among this population, and the progress made in addressing the problems since the issuance of the Committee's initial report.

Children and Families: Key Trends in the 1980s - This staff report is a compilation of significant demographic, economic and social trends affecting families and children which the Select Committee's hearings and investigations have brought to light. The areas covered include: economic security; poverty; child care; housing; education; health; and children, youth and families in crisis.

SUMMARY OF FULL COMMITTEE HEARING ON "CHILDREN AND FAMILIES IN POVERTY: THE STRUGGLE TO SURVIVE" - WASHINGTON, DC, FEBRUARY 25, 1988

The Select Committee on Children, Youth, and Families held a hearing on "Children and Families in Poverty: The Struggle to Survive" to explore the economic trends for low-income families with children, including the effects of poverty, homelessness, and unemployment on children's health and development.

The Committee Also released a major new study on trends in family income in the United States, prepared at the Chairman's request by the Congressional Budget Office (CBO). The new report, "Trends In Family Income: 1970-1986," found that family income rose for the typical family during that period, based on CBO's new method for measuring income trends: "Adjusted family income: rose 20% from 1970 to 1986. CBO found, however, that in many families, both parents must now work to maintain a decent standard of living. The study also reported that many of the most vulnerable families, and those in which many of our children are growing up, did not share in the prosperity. Young families, low-income families with children, and poor single-parent families in 1986 were much poorer than their counterparts in 1970. In 1986, 45% of single-mother families with children had incomes below the poverty line. (See Staff Analysis of CBO report which follows.)

The Committee first heard from parents who have endured financial hardship and homelessness. Lynn Hudson from Tyner, Kentucky, described her experiences raising five children in Appalachia, where education and job opportunities are limited. Even though she and her husband both work, their low earnings cause financial strain. For example, their income is too high to qualify for Medicaid, but too low to be able to afford medical insurance. When an emergency strikes and earnings are insufficient, Hudson testified that many families are forced to evict the father from the home in order to qualify for assistance. Hudson described the alternatives available for poor families: "You say work and then you take our medical benefits away from our children where we can't care for them when they're sick. You say work and then we can't find decent affordable child care for our children. And if we get around all these problems, then you won't pay us enough on minimum wage to feed our children. And I've been on both sides and the only difference between working and not working is you can have soup beans and taters if you work, and if you're on welfare, you can have taters and soup beans."

Celeste Fields, a parent of three children from New York City, told the Committee that her 3-year period of homelessness began when she was forced to leave her home because of physical abuse by her husband. Although she had been working as an accountant for 17 years, Fields was told that she could not receive assistance unless she quit her job. She went on AFDC and spent more than a month being transferred from one welfare hotel to another. One hotel had no running water. Finally, she and her three children were placed in one room at the Martinique Hotel where she remained for 27 months. She described the substandard and unsafe living conditions at the hotel and the detrimental effects on her children.

Her 14 year-old son, Richard Fields, described how being homeless caused him to miss school and how difficult it was to study at the Martinique because of overcrowding and noise.

Jonathan Kozol, educator and author of Rachel and Her Children, from Byfield, MA, testified that the 500,000 children who are homeless are becoming "America's untouchables, leading the lives of refugees." Noting that homelessness among families and children is growing nationwide, Kozol focused on the conditions in New York hotels and shelters, now permanent domiciles for many families, which have contributed to higher infant mortality rates, depression, hunger and illness among children. According to Kozol, over half of the nation's homeless children do not go to school and fall behind academically. He attributed he growth of homelessness among families to cuts in federal low-income housing assistance. He also attributed an increasing inability to afford available housing to declining family income and a reliance on minimum wage jobs. According to Kozol, half of the homeless families in New York held full-time jobs before they lost their homes, and simply could not afford the rent for available housing.

Robert Greenstein, Director of the Center for Budget and Policy Priorities, Washington, DC, testified that despite several years of economic recovery, the 1986 poverty rate stood at 13.6%, higher than in any year in the 1970's, and even higher than during the 1974-1975 recession. Citing the most recent Census data, he reported that those who are poor now fall deeper into poverty than in the past -- the poverty gap has grown by more than 50% since 1977; the proportion of poor families with children that are lifted out of poverty by government benefits has declined markedly; despite the current focus on the inner city, poverty rates have risen most rapidly in recent years in rural areas; and 33% of those who are "persistently poor" live in rural areas.

Greenstein also reported new findings from research conducted by Andrew Sum, Director of Labor Market Studies at Northeastern University. Sum found that the heads of young married couple families experienced a 23% decline in their real median earnings between 1973 and 1985, but if child care expenditures necessary for a second earner to work had been factored in, the decline would have been greater. According to Sum, in 1986, the poverty rate of families headed by a person under 25 was almost 32%, twice as high as the rate for the same families in 1973. In fact, the poverty rate for the nation's youngest families has risen continuously since 1978 an has not yet fallen in he 1980's, and for families in which the head is 25 to 29, the poverty rate is 70% higher than in 1973.

Timothy Smeeding, Director, Center for the Study of Families, Children, and the Elderly, Vanderbilt Institute for Public Policy Studies, Nashville, TN, presented new international comparisons of child and family poverty rates in eight Western countries: Australia, Canada, Germany, Norway, Sweden, Switzerland, the United Kingdom, and the U.S. He found that the United States and Australia have the most families with children in poverty before taxes and transfers. These tax and transfer programs reduce poverty in every country, but the U.S. and Australia continue to have more poor families with children than any other country after the impact of benefit systems are taken into account. Also, the U.S. has the highest percentage of children in poverty of all eight countries studies; the highest percentage of

severely poor children (those living in families with incomes under 75% of the poverty line); and the highest remaining poverty gap for families with children after benefit systems are applied. The U.S. spends less in transfers per poor family with children than does any country studied. In addition, among those countries which rely most heavily on means-tested benefits, the U.S. has the lowest recipiency rates, both for all poor families with children and for single-parent families. Smeeding concludes that both low average benefit levels and low benefit recipiency rates help explain the poor performance of the U.S. transfer system in reducing poverty among children.

Allen Smith, a parent of three children from Houston, TX, said that he moved from New York to Houston in search of employment, but after several temporary jobs, remained unemployed because of the Texas oil glut. The lack of affordable child care was a primary barrier to his and his wife's employment. His wife eventually found a full-time job, and he secured a temporary job, but child care was consuming half their income. He recognized that to be competitive in the workforce, he needed more training. The Smiths found the Martin Luther King Jr. Community Center where affordable child care was available, and he was able to participate in a vocational program.

Smith said that although he and his wife are now both working full-time, they are still struggling and are not a success story. Reflecting on his life, Smith said, "My children look into my eyes. They don't see too much sadness and too much pain. But when they were younger, they saw it. I had too much pain. And I had to turn my back just to not let them get used to seeing what they saw in me."

Smith also testified on behalf of all poor children when he said, "I'm sure if you're old enough to remember the Little Rascals, they were the raggedy little poor children that ran around and played and were happy and smiled. But they got paid for it. These children that are running around raggedy and poor are paying for it, too. They're dying and that's what this is all about and that's what the crowd behind me is all about. I'm tired of seeing a child drop each minute because poverty seems to a lot of people not to mean too much."

Yvonne Delk, Executive Director of the Office for Church in Society, United Church of Christ, NY, is also Chairperson of the National Planning Committee on Children in Poverty, a coalition of ecumenical and advocacy groups which have organized to raise national awareness of children in poverty and to develop policy recommendations. The National Planning Committee held regional hearings in Seattle, Des Moines, Boston, Atlanta, and Houston and brought together poor children and their families, community and church advocates, and decision makers, including judges, local legislators, educators, and program administrators. Delk shared some of the testimony they heard from families, and provided an overview of children in poverty and the effect of poverty on children. According to Delk, more children die each year from poverty than from traffic fatalities and suicide combined. Finally, Delk called for support for the Act for Better Child Care, the Emergency Hunger Relief Act to make improvements in the food stamp program and increase funding for WIC and child nutrition, and legislation to increase the minimum wage.

Pastor Nathaniel Dugar, The Way of the Cross Church, Washington, DC, testified from his personal experience as a pastor, a corrections officer, and a former low-income person, that the frustrating of not having enough resources pressures individuals into illegal, violent or unusual acts. He described his church's volunteer-based activities including the development of a multipurpose program to deal with teen pregnancy, drug abuse, and child care for unwed mothers. His church receives funding from the STEP (Strategies to Elevate People) Foundation, which unites suburban churches with inner city congregations in order to aid poor families. He testified, however, that they cannot do it alone, and there should be governmental/private sector partnerships to overcome poverty.

Matthew E. Melmed, Executive Director, Connecticut Association for Human Services, Hartford, CT, presented findings of a childhood hunger study conducted by his agency. Connecticut has the highest per capita income in the U.S., but the seventh poorest city, New Haven, where the study was done. According to Melmed, this study used the first scientifically valid survey instrument to document the extent of hunger among children. They found that 25% of the families with children in the Hill section of New Haven were either chronically hungry or at risk of being chronically hungry. 19% of family with children between the ages of one and 11 had a chronic hunger problem. "Hungry households" were poorer than other households. while the poorer families participated in public assistance programs, the assistance was not sufficient to bring the total income of the hungry families up to the poverty level. 93% of "hungry families" reported that their food stamps did not last all month. Melmed also reported that hungry children suffered from almost twice as many specific health problems; and that more health problems were associated with greater school absenteeism.

Madgelean Bush, is the Executive Director, Martin Luther King Jr. Community Center, Houston, TX, which provides a vast array of social services for the community. Bush focused on the importance of child care in maintaining family self-sufficiency, buy she emphasized that the Center has waiting list of 300. Women become employed and find that they do not qualify for child care. As a result they can't maintain employment. When child care is available, transportation may be unavailable. She also addressed bureaucratic difficulties in accessing the system, such as having to produce support documentation and complete complex paperwork to prove eligibility for food stamps.

Bush called for special training programs to serve the 41% of black males in her inner-city neighborhood who are unemployed, housing renovation to provide shelter for the homeless, and universally available child care to allow families to work.

Robert P. Sheehan, President, Boys and Girls Homes and Family Services, Sioux City, testified that economic depression in the agricultural community in Iowa has led more families to rely on state resources, including food stamps, community mental health centers and social service agencies. Economic pressures are starting to eat away at traditional family values. Single mothers and their children experience the greatest poverty and the most difficulty finding employment. Many available jobs do not pay enough to survive and loss of medical benefits once off welfare increases the pressures on families. Sheehan also noted a large increase in the number of child sexual abuse reports.

Chenay Costen-Boyce, Member, Board of Directors, Rural Economic Development Center; and Advisory Board Member, Rural Day Care

Association of Northeast North Carolina, Sunbury, NC, described the extent of persistent poverty in rural Northeast North Carolina and emphasized the need for more educational opportunities in her region to enhance family employment prospects. Currently, 32.5% of the area's adult population has less than an 8th grade education, discouraging high-tech industries from moving to that region of the state. The jobs available in the region, in textile mills or as domestic workers, offer low wages and little security. Eight textile factories have closed since 1980 leaving over 800 poor families with few other job opportunities. The farm crisis has also adversely affected the income of families in the region. Jobs as child care workers offer some employment opportunities, but again at very low wages, locking many women into perpetual poverty.

STAFF ANALYSIS OF KEY FINDINGS FROM THE CONGRESSIONAL BUDGET OFFICE REPORT: "TRENDS IN FAMILY INCOME: 1970-1986"

The new Congressional Budget Office report, Trends in Family Income: 1970-1986, contains both good news and bad news. The good news is that under a revised way of measuring income trends developed by the Congressional Budget Office [CBO], family income for the typical family rose during this period. Previous measures of changes in family income over the period have shown a decline.

The bad news is that these income gains were not evenly distributed. Low income families with children, young families at all income levels and poor single mother families in 1986 were much worse off than their counter parts in 1970. Among all major family types except non-elderly unrelated individuals and the elderly, income inequality increased and the gaps widened between the rich and those who are less affluent.

In addition, the news that family incomes rose is tempered by the finding that the principal reason for the gains among the non-elderly was the increased number of workers pr family, not increased earnings by the typical worker. Many families with children have needed to have both parents work to avoid losing ground.

Trends in Family Income

The CBO report measures changes in family income over the 16 year period from 1970-1986. These measurements are made in a different manner than that traditionally employed in the past. There are three differences between the CBO measurements and traditional Measurements:[1]

- CBO adjusted family incomes to reflect a decline in the average size of families during this period. Since the average family was smaller in 1986 than in 1970, CBO concluded that the average family needed less income to remain at the same level of well-being. This adjustment for family size is the principal reason why the CBO measure shows income growth rather than the stagnation indicated by other measures.

- In adjusting annual income levels for inflation, CBO did not use the Consumer Price Index [CPI], but used an alternative inflation index that CBO believes provides a more accurate measure of price changes. Because the alternative index rose more slowly during the 16-year period than did the CPI, measured income growth is greater than if the CPI were used.

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[1]CBO notes that adjustments should also be made for income received in-kind and for taxes paid, since both factors changed markedly over ty 16-year period and would thus affect the well-being of families. Because the requisite data are not available, CBO was unable to make these adjustments.

- CBO modified the definition of "family" normally used in measuring family income changes. CBO counted unrelated individuals--including elderly people living along -- as "families." One-third of CBO's "family units" consist of unrelated individuals.

With all three adjustments, CBO finds that "adjusted family income" [AFI] for the median [or typical] "family" rose 20 percent from 1970 to 1986. This compares with an increase of six percent in median family income during this period among families as traditionally defined, without adjusting for family size and using the CPI to account for inflation.

The CBO data show differing trends in changes in AFI for median families in various family categories. For single mother families with children, median income rose just two percent under CBO's AFI measure. For both elderly unrelated individuals and elderly families without children, median family income rose 50 percent.

Increases in Workers Per Family Boosted Incomes

CBO observes that "the rise in the number of workers per family appears to be the principal reason why incomes increased." CBO states that earnings failed to keep pace with inflation for many workers, especially those in the younger age groups. This suggests that, for many families, adding a second earner to the workforce or increasing the second earner's work hours was often necessary to keep family income from falling. This also indicates that the increased incomes reported by CBO did not come without a cost. These altered work arrangements have resulted in parents (especially mothers) having less time with children, less leisure time, and possibly, fewer children.

Indeed, when the large influx of mothers into the labor force during this period is taken into account, it is striking that AFI did not rise more substantially. From 1973 to 1986, the median AFI for married couple families with children rose a relatively modest 13.1 percent, despite large increases in work by mothers and a reduction in family size as well (see further discussion of this 1973-1986 period, which is different than that used in the CBO report).

It should be noted that the CBO data do not include a major cost borne by many of these families as a result of the entrance of many mothers into the labor force -- child care costs. Child care costs are a corollary of the increase in workers per family that CBO identifies as the factor primarily responsible for the income gains. As CBO notes: "Families are likely to bear a cost, however, when more of their members work. In particular, there are direct costs associated with employment, such as for child care or for commuting. Furthermore, the new workers have less time available to perform household chores, so either costs rise -- if services are purchased -- or some chores are not done." (CBO did not incorporate these costs in the analysis, in part because data are not available to make such adjustments.)

The Families Left Behind

A number of family groups fell behind. As CBO states, "not all [family groups] experienced a growth in income." Some suffered large income declines.

1. Poor Families with Children

Among those affected most adversely were poor families with children. The CBO report states:

> Median family income has continued to grow since 1970, albeit more slowly than in earlier years and at widely different rates for different groups. At the same time, the group of families with children that is at the bottom of the income distribution is markedly worse off now than the corresponding group was 16 years earlier.

The CBO report shows that the median AFI of the poorest two-fifths of families with children in 1986 was 12 percent lower than that of the comparable group in 1970.[2]

Poor single mother families with children were hit especially hard. In 1986, one-fifth of all single mother families with children had incomes below half the adjusted poverty line (that is below $3,974 for a family of three).[3] Approximately 40 percent of these families had incomes below the adjusted poverty line.

2. Young Families

The family group affected most severely was that of young families. In 1986, the median AFI of families whose head was under age 25 was 19 percent lower than that of the corresponding group in 1970. For the poorest two-fifths of families with a head under 25, median family income was 34 percent lower. Median family income even declined for the top two-fifths of all families with a head under 25.

The declines are most stunning among young families that had children (2.3 million in 1986). The median income of such families in 1986 was 43 percent below that for comparable families in 1970. Among the poorest two-fifths of these families, median income was 56 percent lower in 1986 than in 1970. Even among the top two-fifths of these families, median income fell 21 percent.

More than one-fifth of all families with children in which the family head was under 25 had incomes below half the poverty

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[2]The median income for the bottom two-fifths of families is the income received by the family at the 20th percentile. Similarly, the median income for the top two-fifths of families is the income received by the family at the 80th percentile.

[3]The adjusted poverty line is the same as the official poverty line except that CBO used the alternative inflation index to adjust for price changes since 1967.

line in 1986. More than 40 percent of these families lived below the poverty line.

Low-income families with children in which the family head was 25 to 34 also had sharply lower median AFI in 1986 than their counterparts in 1970. Median income was fully 18 percent lower for the two-fifths of these families with the lowest incomes.

Median AFI also fell for both young married couple families and young single parent families. For example, median income of married couple families with children in which the family head was under 25 was 17 percent lower in 1986 than for similar families in 1970.

Median AFI was also lower for single mother families with children in which the mother is under 25. By 1986, nearly one-fifth of these families had incomes below one-fourth of the adjusted poverty line (that is, below $1,987 for a family of three). About two-fifths of these families fell below half of the adjusted poverty line, and a large majority of these families were poor. Among single mother families with children in which the mother was 25-34, more than one-fifth lived below half of the adjusted poverty line and a majority were poor.

Increased Inequality

The CBO report shows that income inequality increased substantially between 1970 and 1986 among non-elderly families. For all types of non-elderly families. For all types of non-elderly families except unrelated individuals, inequality rose over this period. The growth in inequality helps explain another CBO finding: despite general income growth since 1970, poverty rates of groups other than the elderly failed to decline appreciably.

- Among the poorest two-fifths of families with children, median adjusted income was 12 percent lower in 1986 than for comparable families in 1970. But, among the wealthiest two-fifths of families with children, median adjusted income was 27 percent higher.

  For the bottom two-fifths of all families (including the elderly), median AFI in 1986 was 9 percent higher than for similar families in 1970; among the top two-fifths of all families, it was 29 percent higher -- a gain about three times as large.

- Among the poorest two-fifths of families with a head under 25, median AFI in 1986 was 34 percent lower than for corresponding families in 1970; among the top two-fifths of these families, it was 5 percent lower.

The sharpest increases in inequality have occurred since 1970. CBO found that "for all major family types, inequality grew between 1979 and 1986. While high and low-income families had roughly comparable gains in income during most of the 1970's, the incomes of low-income families rose only slightly or fell between 1979 and 1986, while incomes of wealthier families rose sharply." Even among the elderly, inequality grew in the 1980's.

- Median adjusted income for the bottom two-fifths of all families fell 2 percent from 1979 to 1986, while median adjusted income for the top two-fifths of all families rose 10 percent.

- Median adjusted income for the bottom two-fifths of families with children fell 14 percents from 1979 to 1986, while median AFI for the top two-fifths of these families increased 8 percent. This trend -- of lower AFI for poor families in 1986 compared with their counterparts in 1970 and rising AFI for wealthier families -- also holds for married couple families with children.

- In fact, for every major non-elderly family type, median adjusted income for the bottom two-fifths of families was lower in 1986 than for the comparable group in 1979. For most of these family types, the median adjusted income of wealthier families rose during this period.

Observations Concerning the CBO Findings

Several observations should be made concerning the income gains that CBO found over the 1970-1986 period. In analysis of stagnating family income in the U.S., the year 1973 (rather than 1970) has often been used as the starting point (see for example Frank Levy's recently published book Dollars and Dreams: The Changing American Income Distribution). 1973 has traditionally been regarded as the high point for income growth in the U.S. It was the year in which the conventional measure of median family income reached what is still its highest level. The CBO report shows that nearly half of the 20 percent increase in AFI occurred between 1970 and 1973. From 1973-1986, the increase for the median family was 11 percent.

In addition, 1970 was a recession year, albeit one in which the unemployment rate was not that high. There is growing concern that a recession could occur in the next few years. If, as many economists predict, a recession does occur in the near future, a significant amount of the income gain reported by CBO could disappear.

A further observation is that virtually all remaining income growth found by CBO (other than that in the 1970-1973 period) has occurred since 1982 when income growth was financed in significant part through large budget and trade deficits -- in essence, by borrowing from the future. When we repay these debts, living standards for American families may well fall back.

As Frank Levy states in Dollars and Dreams:

> ...the U.S. rate of investment is no higher today than it was in 1973, despite the [inflow of] foreign capital. Foreign funds have been used to offset government deficits and thus to finance extra U.S. consumption. This is a strategy for postponing stagnation's effects, but it involves borrowing from the future. Eventually the foreign funds must be paid back with interest. And because they were used to

> finance consumption, rather than additional investment, the repayment will require reducing our consumption below what it otherwise would have been.
>
> ...are we leaving as well today as we did in 1973? The answer is no. We appear to be doing better, but this is only because we have borrowed against the future in ways that eventually must be repaid. (emphasis added)

Moreover, CBO observes that the principal reason why its measurements show income increases (instead of the income stagnation or declines previously reported for this period) is its adjustment of family incomes for declining family size. Many analysts believe that the decline in family size is itself related, in part, to the slow economic growth that was occurring. Families postponed having children, or had fewer children, in part because they believed that could not afford as many children as families had in the past. This decline in birthrates contributes markedly to the rise that CBO found in AFI, but it may also mean that we will have fewer skilled workers than we will need in the future. Levy comments that "the decline in the birthrate was, in its way, a different kind of borrowing from the future" especially since the "decline is heavily concentrated among middle-income families."

CHILDREN AND FAMILIES IN POVERTY
A FACT SHEET

CHILDREN COMPRISE AMERICA'S POOREST AGE GROUP

- In 1986, 1 out of 5 American children lived in poverty compared to 1 out of 7 persons 65 years and older and 1 out of 10 persons aged 18-64. In 1986, 43.1% of black children and 37.7% of Hispanic children were poor compared to 16.1% of white children. [Census Bureau (Census), 1987]

- Young children suffer greater poverty rates. The 1986 poverty rate for children under 6 was 22.2%. For black children under 6, it was 45.6%. For young Hispanic children, the poverty rate was 40.6%. (Census, 1987)

- The number of children living in poor families increased by 2.5 million or 26% between 1978 and 1986, totaling nearly 13 million children in 1986. (Census, 1987)

- Throughout the 1950s and 1960s, the poorest 1/5 families included 15-17% of the nation's children. By 1984, the poorest families contained 24% of all children in the U.S. (Levy, 1987)

NUMBER OF FAMILIES WORKING AND LIVING IN POVERTY INCREASES

- In 1986, the percentage of poor individuals who were working reached its highest point since 1968; 41.5% of those over the age of 15. Overall, 8.9 million Americans worked but fell into poverty, compared to 6.6 million 10 years ago. [Center for Budget and Policy Priorities (CBPP), 1987]

- In 1985, 74% of all poor married couple families with children had a householder who worked; 31% had a householder who worked full-time year-round. In 40% of poor single-mother headed families with children, the mother worked at least part-time. (Census, 1987)

- The working poor predominate among America's rural poor. In 1983, more than 2/3 of rural poor families had at lease one worker, and more than 1/4 had at least 2 workers. (U.S. Department of Agriculture, Economic Research Service, Undated)

CHILDREN IN SINGLE PARENT FAMILIES HIT HARDEST BY POVERTY

- A child in a female single-parent family is 5 times as likely to be poor as a child in a married couple family or a family headed only by a father. (Census, 1987)

- Female headed households represent an increasing share of families in poverty. In 1986, 51.4% of families below the poverty line were female single-parent families, compared to 45.7% in 1982. (Census, 1987)

- In 1985, only 40.4% of poor women with children were awarded child support compared to 61.3% of all mother-only families. (Census, 1987)

- Less than 2/3 (65.7%) of poor mother-only families entitled to child support in 1985 ever received it. The average annual child support payment for this group was $1,383. (Census, 1987)

POOR FAMILIES AND YOUNG FAMILIES BECOMING POORER

- Despite a slight decline in the overall poverty rate, families living below the poverty line are falling deeper into poverty. Between 1982 and 1986, the average amount of income a poor family in poverty needed to reach the federal poverty threshold increased by 12.7%, from $3,896 in 1982 to $4,394 in 1986. (Census, 1987)

- Female single-parent families have fallen the farthest. Between 1982 and 1986, income deficits for this group increased by 15%, from $4,076 to $4,688. (Census, 1987)

- The poverty rate for young families (household head under age 25) has nearly doubled since 1973, reaching 30% by 1985. (Sum and Johnson, 1987)

- In 1985, nearly half (48%) of children living in young families were poor, nearly double the 26% rate in 1973. (Sum and Johnson, 1987)

INCOME INEQUALITY AT AN ALL-TIME HIGH

- In 1986, the income gap between the rich and the poor hit its widest point in 40 years. The wealthiest 20% of American families received 43.7% of the national family income, the highest percentage ever recorded. The poorest 40% of American families received only 15.4% of the National income, the lowest percentage ever recorded. (CBPP, 1987)

- The United States has a higher percentage of children in poverty than those in 7 other Western countries: 80% higher than the rate in Canada, nearly 60% higher than the rate in Great Britain, and more than double the rate in Germany, Norway, Sweden and Switzerland. The U.S. also has the highest percentage (58%) of all poor children who are severely poor -- living in families with incomes less than 75% of the poverty line. (Smeeding and Torrey, 1988)

FAMILIES IN POVERTY UNLIKELY TO RECEIVE PUBLIC ASSISTANCE

- In 1986, 1/3 of poor U.S. families with children did not receive Aid to Families with Dependent Children (AFDC). (Committee on Ways and Means, U.S. House of Representatives, 1987)

- Although 28 states and the District of Columbia have adopted AFDC-UP (Unemployed Parent) allowing two parent families living in poverty to receive benefits, the program only reaches 11% of the 2.3 million intact families with children living in poverty. (Committee on Ways and Means, 1987)

- Among Australia, Sweden, Canada, and the U.S. countries which rely most heavily on means-tested programs for public assistance, the U.S. has the lowest recipiency rates, both for all poor families with children and for single parent families with children. (Smeeding, 1988)

FEDERAL BENEFITS FAIL TO LIFT FAMILIES OUT OF POVERTY

- Between 1979 and 1986, 1/3 of the increase in poverty among families with children, and 37% of the increase among mother-only families, can be attributed to the reduced impact of government cash benefit programs. (CBPP, 1987)

- In 1979, programs like Social Security, Unemployment Insurance, and AFDC lifted 19% of families with children out of poverty. By 1986, these programs lifted only 11% of such families out of poverty. (CBPP, 1987)

- For families relying solely on income from AFDC, the median maximum benefit in January 1987 for a family of 4 was $415, just 44.5% of the federal poverty threshold. In real terms, the value of the median maximum benefit for a family of 4 dropped by 33% between January 1970 and January 1987. (Committee on Ways and Means, 1987)

- Compared to seven other industrialized countries, the U.S. spent less per poor family with children ($2352) than any other country with the exception of Switzerland ($2317). (Smeeding, 1988)

POVERTY LINKED TO INCREASED HUNGER AND HOMELESSNESS, DIMINISHED EDUCATION AND HEALTH

- The percentage of babies born at low birthweight (the leading cause of infant mortality and childhood disabilities increased in 1985 for the first time in 20 years. Between 1984 and 1985 neonatal mortality increased by 3% among black infants and by 1% among all nonwhite infants. (Children's Defense Fund, 1988)

- Poor children are more likely to be disabled. 8.5% of poor children suffer from severe functional disabilities compared to 4.9% of children in families with higher incomes. (National Association of Children's Hospitals and Related Institutions, 1986)

- One-third of the U.S. population with family incomes below the poverty level have no health insurance. Uninsured low-income children receive 40% less physician care and half as much hospital care as insured children. (Sulvetta and Swartz, 1986; Rosenbaum, 1987)

- Families with children comprise the fastest growing group of homeless. One-third of the homeless are families with children. In cities like Providence, Rhode Island, and New York, homeless families with

children make up close to 2/3 of the homeless population. (U.S. Conference of Mayors, 1987)

- In 1985, an estimated 20 million Americans experienced hunger at some point each month. Malnutrition affects almost 500,000 American children. (Physician's Task Force on Hunger, 1986, 1987)

- On average, each year a child lives in poverty increases the likelihood by 2 percentage points that he or she will fall behind a grade level. Sixteen year olds who had spent 8 or more years in poverty were almost twice as likely to be found enrolled below grade level than were children who had spent 2 or fewer years in poverty. (U.S. Department of Education, 1986)

2/25/88

SUMMARY OF FULL COMMITTEE HEARING ON "YOUTH AND VIOLENCE: THE CURRENT CRISIS" WASHINGTON, DC, MARCH 9, 1988

The Select Committee on Children, Youth, and Families held a hearing to examine the recent escalation of youth violence in communities across the country.

Shawn Grant, Philadelphia, PA, cited the absence of his father during his childhood and the low pay of jobs available to youth as the major reasons for joining the Cedar Avenue gang 3 years ago. According to Shawn, the $3.35-per-hour minimum wage paid at fast food restaurants compares poorly with the $300 to $400 per night gang members could make selling drugs. He reported that he had committed a robbery as part of his gang involvement and is now on intensive probation. After joining the gang, he temporarily quit school and is now a year behind. Grant indicated that he cannot leave the gang because if he did, he would risk being harmed.

Ismael Huerta, Los Angeles, CA, joined the Lennox gang several years ago. Subsequently, he had problems in school because he was harassed by members of rival gangs. After one of his friends was stabbed and shot, the two of them were transferred to a continuation school where regular schools sent their gang members. Huerta said that when fights with rival gangs intensified, he dropped out of school. He reported difficulty finding and maintaining jobs because rival gang members have learned where he worked and caused trouble for him.

Huerta said that price and territorial competition in the drug trade have given gang new reasons to kill rival gang members. He said, "There's no real way to get out. The [rival gangs] are going to remember what you have done to them; it doesn't really matter whether you're in the gang still. So when I go away from Lennox, there's always ten of us, and one of us always has a gun or we aren't going anywhere."

Marianne Diaz-Parton, Coastal Unit Supervisor, Community Youth Gang Services, Los Angeles, CA, a former gang members, testified that the drug trade is fueling violence in Los Angeles. Diaz-Parton commented that it is difficult to combat the drug trade because it yields high profits and many youth see no meaningful alternatives. She said drugs represent a logical economic choice for these youth. Youth are now staying in gangs until older ages because they can earn money running the gang's drug trade. To fight gangs, youth at risk of involvement need preventive services, rather than only punishment by the criminal justice system. According to Diaz-Parton, prisons are training grounds for gang members; "doing time" increases members' status and when they get out of prison, they frequently become leaders. She also said that schools ought not to expel so swiftly students who are truant or troublesome, for if pushed aside, they will end up in gangs.

James Brown, Juvenile Court Probation Officer, Multnomah County Juvenile Justice Department, Portland, OR, testified that Los Angeles-based gangs began selling drugs in Portland, OR, last spring because the crack price there is triple the Los Angeles price and the police are less organized to combat gang criminality. According to Brown, the Los Angeles gang members have recruited 400-500 Portland youth to participate in gang activity. Since May 1987, there have been roughly 180 gang-

related offenses, including drive-by shootings, armed assaults, rapes, and intimidation. In the last 12 months, violent juvenile crime in Multnomah County has increased 62%, particularly the use of handguns. School police report increased weapons-related charges and gang assaults. The city of Portland recently provided funds for a community-based task force to establish gang-violence prevention service and a neighborhood gang-information hotline.

John A. Carver, Esq., Director, District of Columbia Pretrial Services Agency (PSA), Washington, DC, testified that drugs are a factor in many, if not most, serious non-drug felonies. He said PSA has found increased cocaine and multiple drug use among juveniles arrestees, with 35% of juvenile arrestees testing positive for drug use. The primary goal of the drug testing of juveniles is to identify youth in need of treatment and counseling, and to provide effective intervention at the earliest point. Carver testified that in DC, court referrals are swamping drug treatment programs, forcing officials to turn away voluntary patients.

Major Julius Derico, Section Commander, Special Investigations Section, Intelligence Unit, Bureau of Police Services, Atlanta Department of Public Safety, Atlanta, GA, testified that drug-dealing gangs from Southern Florida represent a new and uniquely difficult problem for Atlanta's police. Using intimidation, underselling, and monetary rewards to tenants who allow their houses to be used as stash or "safe" houses, the gangs have been able to develop a highly organized system for selling drugs. Derico reported that with the drugs have become high-power firearms and increased youth violence. The Florida gangs actively recruit 14- to 23-year olds from the low-income areas of Miami and South Florida, as well as local youth, to work in Atlanta selling crack and cocaine.

Elliott Currie, Ph.D., Criminologist, Center for the Study of Law and Society, University of California, Berkeley, CA, testified that violent and delinquent youth are the product of the destructive economic and social forces affecting the poorest quartile of Americans for the past 15 years. In addition, Currie argued that the erosion of the public sector has exacerbated the breakup of social supports for low-income families and their children, increasing their isolation from society. The resulting vulnerability and social impoverishment have led parents and children to turn to drugs, alcohol, and violence. To respond to the isolation of youth requires meaningful employment opportunities and adequately funded family support services. Currie suggested restoring resources for health care and child care, improving the schools, and providing drug treatment for children and their families.

John A. Calhoun, Executive Director, National Crime Prevention Council, Washington, DC, testified that the fundamental problem of youth violence is "disconnectedness." The dearth of meaningful employment opportunities for youth; the increased concentration of poverty; weakened community institutions; and the increase in disrupted and single-parent families leaves low-income youth with little stake in the society. He argued that those who deliver services to youth on the local level should request something in return to foster a sense of self-worth. He discussed a number of programs around the country that have engaged youth in tutoring, drug abuse prevention projects, assisting the elderly, cleaning parks, and caring for the children of battered women in shelters. Calhoun called for greater attention to youth from the government, the private sector and local communities.

Deborah Prothrow-Stith, MD, Commissioner, Massachusetts Department of Public Health, Boston, MA, testified that violence is a public health problem. In nearly half the nation's homicides, the assailant knows the victim. In 47% of homicide cases, an argument is the cause; gang violence is responsible for only 15% of youth homicides. According to Prothrow-Stith, more street lights and more police on patrol will not have an effect on two people who know each other. She said that certain psychological characteristics of adolescents, such as narcissism, can be catalysts of violence. Movies and television present violence as a glamorous way to solve problems; and many parents encourage their young boys not to be bullied but to fight back. She said that youth need to learn alternative ways to solve their disputes and called on schools, health officials, communities, and families to teach and reinforce non-violent behavior.

Martin Kesselman, MD, Director of Psychiatry, Kings County Hospital Center, Professor of Clinical Psychiatry, State University of New York, Health Science Center, Brooklyn, NY, testified that the young psychiatric patient population in New York City has become more violent. The "new" psychiatric patient is marked by a history of academic and vocational failure, an arrest record, drug abuse, and tends to be impulsive, threatening and/or violent, and distrustful of authority figures. Kesselman reported that this new group of young psychiatric patients responds poorly to treatment and requires help developing self-control. For this young population, social misfortune has created tremendous stress, making them prone to violence; and drug abuse is increasingly the factor that pushes them past the threshold of violent behavior. Kesselman indicated that among childhood stress factors, family violence and physical abuse stand out in their correlation to youth violence.

Robert Martin, Director, Chicago Intervention Network, Chicago Department of Human Services, Chicago, IL, testified that youth in Chicago have been abandoned by many traditional sources of support: families are weaker; jobs for disadvantaged youth are scarce; the school system suffers a high truancy and dropout rate, and many community services have pulled away from street youth. Gangs take up the slack. Martin reported that gangs fulfill familial functions by providing support and offering an alternative economic structure with access to a lucrative drug trade and funds for lawyers if needed. He identified dropouts and truants as the likely candidates to join gangs, which then harass students traveling to school. In turn, many of the students who are harassed either drop out or join a gang for protection.

Sister Falaka Fattah, Director and Founder, House of Umoja, Philadelphia, PA, stressed the problem of family violence and its relevance to youth violence. She attributes the changes in youth violence to the availability of cocaine and the increased availability of guns. She stated that to change things, we must find a way to stop the flow of drugs, unlearn criminal behavior, dispel our tolerance for violence, and deromanticize deviant behavior.

Robert Allen, Head Counselor, House of Umoja, said that rather than trying to destroy gangs, officials should work with gangs to end the gangs' criminal activity. He said schools need more discipline and delinquent youth need real services, rather than the revolving doors of the juvenile justice system.

YOUTH AND VIOLENCE: THE CURRENT CRISIS
A FACT SHEET

VIOLENCE IS A MAJOR CAUSE OF DEATH AMONG ADOLESCENTS, YOUNG ADULTS

- Homicide is the second leading cause of death for all 15- to 24-year olds in the United States. [Centers for Disease Control (CDC), 1986]
- Homicide is the leading cause of death for all black 15- to 24-year olds. The rate of death for black men in this age group is seven times higher than the overall national rate. (CDC, 1986)
- 77% of homicide victims are male. (CDC, 1986)
- 80% of homicides occur between members of the same race. (CDC, 1986)
- Homicides are categorized as family homicides (15.8% of the total in 1980), homicides involving friends and acquaintances (32.9%), "stranger" homicides (12.8%) and "unknown" (34.4%). The "unknown" group are thought to be primarily stranger homicides as well. (American Medical Association, "White Paper on Adolescent Health," 1986)

TEENAGERS DISPROPORTIONATELY VICTIMS OF VIOLENT CRIME

- From 1982 through 1984, teenagers ages 12-19 experienced 1.8 million violent crimes annually, twice the rate of the adult population ages 20 and over. [Department of Justice, Bureau of Justice Statistics (BJS), 1986]
- Of all age groups, older teens (ages 16-19) have the highest victimization rate for violent crimes (excluding homicide). Younger teens (ages 12-15) have the third highest rate. (BJS, 1986)
- Among victims of violent crimes, older teens are more likely than the general population to be attacked by strangers. Younger teens are more likely to be attacked by non-strangers. (BJS, 1987)

AFTER A DECADE OF DECLINE, VIOLENT JUVENILE CRIME INCREASING

- The number of juveniles arrested for violent crime (homicide, rape, robbery, and aggravated assault) increased 9% between 1984 and 1986, after a 20% decline between 1974 and 1984. [Uniform Crime Reports (UCR), 1974-1986]
- Overall juvenile crime (misdemeanors and felonies) has been decreasing steadily since 1975, after a 300% increase between 1960 and 1975. The total number of arrests of juveniles in 1975 was 2,783,459; in 1986, it was 1,747,675. (UCR, 1960, 1975-1986)
- Most researchers attribute the drop in juvenile arrests between 1974 and 1984 to the reduced number of teenagers in the general population -- a direct result of dramatic

declines in U.S. birth rates that began in 1966. (Krisberg, American Psychological Association, Division 37, Newsletter, Winter 1988)

HIGH PERCENTAGE OF YOUTH KILLED BY FIREARMS

- In 1986, 49% of the 2,484 homicide victims under the age of 19 were killed by firearms. Of all youth homicide victims, 51% of those ages of 10-14 and 67% of those ages 15-19 were killed by firearms. (UCR, 1986)

- More than 50% of black homicide victims were killed with handguns, compared to more than 40% of white homicide victims. (CDC, 1986)

- There are at least 400 unintentional firearm fatalities annually among children. Forty-five are under 5 years of age. (UCR, 1986)

OVERALL DRUG USE BY YOUTH DECLINING, BUT INCREASING AMONG JUVENILE ARRESTEES

- Overall drug usage, including cocaine use, among high school seniors declined between 1986 and 1987, although over half (57%) had tried an illicit drug at some time and over 1/3 (36%) had tried an illicit drug other than marijuana. (This survey does not include measures for the 15-20% of the age group who did not finish high school.) (Institute for Social Research, University of Michigan, 1988)

- Currently, an estimated 35% of arrested juveniles in the District of Columbia, 42% in Maricopa County (Phoenix), Arizona, and 35% in Tampa, Florida, test positive for illicit drug use. (District of Columbia Pretrial Services Agency, 1988)

- Cocaine use among arrested juveniles in the District of Columbia has increased from a negligible number in 1984 to 22% in 1987, compared to an increase from 14% to 60% among adult arrestees during the same period. (District of Columbia Pretrial Services Agency, 1984-1988)

LIMITED STUDIES OFFER PROFILE OF VIOLENT JUVENILES

- Studies show that violent juvenile crime is often a random occurrence in a pattern of offenses which usually includes nonviolent offenses. (Wolfgang, Figlio, and Sellin, 1972; Hamparian, Schuster, Dinitz and Conrad, 1978; Shannon, 1980; Rojek and Erikson, 1982; Piper, 1983)

- UCR data show that young adults (ages 18-24) and older juveniles (ages 15-17) are disproportionately responsible for acts of criminal violence. (Zimring, 1979; Strasburg, 1984,; Weiner and Wolfgang, 1985)

- Self reports and official records agree that male adolescents commit more violent and more serious crimes than their female counterparts. (Elliott and Huizinga, 1984; Weiner and Wolfgang, 1985)

- In a study of 1,222 youth, only 2% were arrested for violent offense. Of the violent offenders, nearly 1/3 had 5 or more arrests and were responsible for 2/3 of all arrests. (Hamparian, 1985)

- Relatively few violent juvenile offenders are repeat violent offenders. Only 15.4% of the juveniles studied had been arrested for more than one violent crime as juveniles -- and fewer yet (8.1%) for robbery, rape, aggravated assault and homicide. (Hamparian, 1985)

DELINQUENCY STRONGLY CORRELATED TO CHILD ABUSE AND FAMILY VIOLENCE

- Delinquent juveniles, particularly institutionalized delinquent juveniles have significantly higher rates of child abuse than the general youth population. 26-55% of institutionalized juvenile offenders have official histories of child abuse. (Austin, National Council on Crime and Delinquency, testimony before the Select Committee on Children, Youth, and Families, May 1984)

- In a study of delinquents and nondelinquents, a history of abuse and/or family violence was the most significant variable in predicting membership in the delinquent group. Compared to their nondelinquent peers, delinquent adolescents were also more likely to suffer subtle forms of neurological impairment and severe psychiatric symptoms, and to have learning disabilities. (Lewis, et al, 1987)

- Studies of juveniles sentenced to death in the U.S. indicate that these youth are multiply handicapped; they tend to have suffered serious head injuries, injuries to the central nervous system, multiple psychotic symptoms since early childhood, and physical and sexual abuse. (Lewis, et al, 1986; Lewis, 1987)

YOUTH DETENTIONS INCREASING AND COSTLY

- In 1985, a one-day count of children in public and private detention and correctional facilities was preliminarily estimated at 83,000, a 3-4% increase from the 82,272 counted in 1983. Between 1979-1983, this one-day count had increased 11%. [Department of Justice, "Children in Custody: 1982-1983 Census," (DOJ, "Custody," 1986)]

- During 1982, there were 624,928 admissions to juvenile facilities. Of these admissions, more than 500,000 were to public facilities; almost 90,000 were to private facilities. (DOJ, "Custody," 1986)

- Of delinquent juveniles in custody, 24% were violent offenders, 49% had committed crimes against property. (DOJ,"Custody," 1986)

- In 1982, juvenile facility expenditures totaled over $1.8 billion nationwide. (DOJ, "Custody," 1986)

JUVENILES HELD IN ADULT JAILS AND LOCK-UPS

- It is estimated that each year 300,000 to 479,000 juveniles are locked in adult jails nationwide. (BJS, 1985)

- Of the children held in adult jails annually, approximately 10% are held for serious offenses; 20% for "status offenses" such as underage drinking, sexual promiscuity, or running away; and 4% (over 19,000) without having committed any offense whatsoever. (BJS, 1985)

3/9/88

SUMMARY OF JOINT HEARING ON "FOSTER CARE, CHILD WELFARE, AND ADOPTION REFORMS" WASHINGTON, DC, APRIL 13, 1988

The Select Committee on Children, Youth, and Families held the first of three joint hearings with the Subcommittee on Public Assistance and Unemployment Compensation of the Committee on Ways and Means to examine the implementation of P.L. 96-272, the Adoption Assistance and Child Welfare Act of 1980.

Jim Kolbe, Member of Congress, Fifth District, AZ, testified about his experiences in drafting Arizona's child welfare law as a legislator and of the need for increased services to children and their families in the foster care and child welfare systems.

Darryl Morris, age 18, Houston, TX, testified that he entered foster care at age 12, after a neighbor notified the welfare department that his mother left him and his siblings alone for long periods of time. He told of the rejection he feels from his mother, the lack of love and sense of belonging, which he equates with mental abuse, and the repeated adjustments he had to make to new places and people. He spoke of his positive experiences in foster care with a family who showed him love he'd never known and provided for him as if he were their own child.

Boyd A., age 12, New York, NY, testified that he and his siblings were placed in foster care when their mother became ill. Over a period of 5 years, he was placed in many homes by many different social workers. He told of abuse he suffer in one of these placements, and said that because of the many placements, he never attended one school for an entire year.

Marcia Lowry, Director, Children's Rights Project, American Civil Liberties Union, New York, NY, testified that litigation throughout the country in Louisiana, New Mexico, Missouri, Kentucky, and New York arising from violations of P.L. 96-272 has demonstrated that: few states are in compliance with the law; the federal government and the states do not have firm evidence about how the law is being implemented; and the U.S. Department of Health and Human Services has neither current national foster care data nor requirements regarding data collection by the states. In Louisiana, they found that only one-third of the children entering foster care received any services prior to placement and insufficient resources were available to meet identified needs.

Mary Grayson, founder and president of the District of Columbia Foster Parent Association, Washington, DC, highlighted the problems encountered by foster parents: the lack of quality services for children, insufficient recruitment of and training for foster parents by the District of Columbia's Department of Human Services, underpayments and delays in payments, and the lack of respite care, babysitting and emergency services for foster parents.

Dennis Lepak, Deputy Probation Officer, Contra Costa County; and Vice President, State of California Organization of Mental Health Advisory Boards, Sacramento, CA, told the Committee members that, lacking appropriate mental health and substance abuse services, parents turn to the juvenile courts to deal with their children. He testified that few preplacement services are delivered to prevent the removal of children from their homes. Children are often placed at great distance from their home community and in

inappropriate settings that offer no therapeutic or family reunification services.

Suella Gallup, Supervisor, Special Services for Children, Human Resources Administration, on behalf of AFSCME (Association of Federal, State, and County Municipal Employees) Local 371, New York, NY, testified that New York City's Child Protective Services (CPS) system is severely overburdened, understaffed, and in crisis. Deaths from child abuse now occur on an almost weekly basis. Workers remove children from their homes because there is not enough time to do a proper investigation and because they know that they lack time to follow-up with the family sine their caseloads are so high. Many families that could remain together, given proper counseling and attention, are split up, thus placing further stress on the system. Staff turnover at CPS was almost 70% in 1987.

Janet Fink, Assistant Attorney-in-Charge of Legal Affairs, Juvenile Rights Division, The Legal Aid Society of the City of New York, NY, discussed their lawsuits challenging the use of night-to-night placements and agency offices as shelters for foster children and the failure of social service agencies to provide children living with relatives with prompt determinations regarding foster care status and needed emergency assistance. To strengthen the law, she recommended a stronger federal mandate for least restrictive foster settings, financial incentives to encourage states to adopt special certification procedures for kinship foster homes, and mandating a children's ombudsman program.

Georgia Vancza, Executive Director, Arizona Advocates for Children, Tucson, AZ, testified that more children are entering foster care, staying longer, and moving frequently. Families and children receiving services from the child protective system are more dysfunctional than families in the 1970's. In an attempt to manage better the diminishing resources, Arizona developed a prioritization system: unless children commit a crime or their parents file a petition declaring themselves "unfit," they will never receive services.

Joan Graham, Chairperson, Maryland Foster Care Citizen Review Board, accompanied by Charles Cooper, Assistant Administrator, Baltimore, MD, testified that local Foster Care Review Boards provide thorough, objective case and program oversight. The population of children in foster care in Maryland ha been cut in half, even though intake is rising. Problems include: rising numbers of re-entries into placement and children entering care with special needs, and a shortage of suitable placement resources.

Cecilia Zalkind, Assistant Director, Association for Children of New Jersey, Newark, NJ, stressed three areas that need further federal attention: the quality of care for children in out-of-home placement, the definition of "reasonable efforts," and legal mandates designed to assure permanent placements for children. She said that homelessness is a factor in over 40% of foster care placements, in 18% of placements, it is the sole precipitating cause. A recent study indicated that 50% of families with children in placement had prior placement histories with the Division of Youth and Family Services.

Caroll Stitt, Executive Director, Nebraska Foster Care Citizen Review Board, Lincoln, NE, explained that this separate state

agency conducts reviews by panels of citizens of all children in out-of-home care longer than 6 months. Each review is submitted to the courts and agencies which have custody of the child. She said that various social problems, including the farm crisis and an increase in impoverished children added to the strains on the foster care system.

Franny Maguire, Program and Staff Development Officer, Family Court of the State of Delaware, attributed the decrease in the number of children in foster care and in the length of placements to the Citizen Foster Care Review Board. All Child Protective Services children who are in out-of-home placement are reviewed by volunteers every 6 months. In addition, volunteer Court Appointed Special Advocates investigate cases of child abuse and neglect and act as advocates on behalf of children during court proceedings.

CHILDREN IN FOSTER CARE
A FACT SHEET

NUMBER OF CHILDREN IN FOSTER CARE ON RISE

- Between 1983 and 1985, the number of children in foster care rose 2.6% (from 269,000 to 276,000). (Tatarra, 1988)

- Between 1984 and 1985, 31 of 51 reporting states (includes the District of Columbia and Puerto Rico but not New Hampshire) showed an increase in the number of children in foster care, while 20 states showed a decrease. (Tatarra, 1988)

- In 1989, 115,000 children are projected to be in AFDC foster care, up from an estimated 109,000 children in any given month in FY 87. (U.S. Department of Health and Human Services, 1988; Congressional Research Service, 1987)

- In New York City (NYC), 20,302 children were in foster care as of February 29, 1988 -- almost 500 more than were in care a month before (19,816 as of January 31, 1988) and a 25% increase since 1983, when 16,230 children were in care. (NYC Human Resources Administration, 1988)

- In Los Angeles (LA) County, the number of dependency judicial reviews increased 229% -- from 11,610 in FY 81-82 to 38,215 in FY 86-87. [Little Hoover Commission (LHC), 1987]

ABUSE, HOMELESSNESS, DRUGS PLACING MORE CHILDREN AT RISK OF OUT-OF-HOME PLACEMENT

- In 1986, 2.2 million children were reported as abused or neglected -- up 12% from 1985. Between 1981 and 1985, the number of such reports rose 55%. [American Humane Association, 1987; Select Committee on Children, Youth, and Families (Select Committee), 1987]

- In New Jersey, 900-1,200 children (18% of the total New Jersey foster care population) were living in foster homes in 1986 because their families could not find a place to live. (Fagan, 1987)

- As many as 50% of homeless youth seeking housing in NYC shelters had a history of foster care placement. (Shaffer and Caton, 1984)

- From 1981 to 1985, LA County experienced a 453% increase in minors and infants referred because of drug ingestion problems. (LHC, 1987)

- In NYC, 2,069 live births to drug-using mothers were reported in 1986, a rate of 16.9 per 1,000 live births -- up from 10.4 per 1,000 in 1985 and 7.9 per 1,000 in 1983. (NYC Department of Health, 1987)

- 300 infants were in NYC hospitals awaiting homes at the end of February 1987. [Children's Defense Fund (CDF), 1988]

STATES UNABLE TO KEEP PACE WITH NEEDS TO PREVENT PLACEMENTS OR TO PROVIDE PERMANENT HOMES FOR CHILDREN

- Illinois reports a 43% reduction in licensed foster homes between 1983 and 1986 from 7,007 down to 3,954. By the end of June 1987, there were only 2,790 such homes. From early 1986 to early 1987, there was a 31.6% increase in children entering foster care (Illinois Department of Children and Family Services, 1986; CDF, 1988)

- In Santa Clara County, CA, the number of children entering emergency shelter care grew from 350 in 1980 to 1,863 in 1985, an annual growth rate of 30%; in San Francisco, the shelter program, designed for 80 children, had 267 children in it on January 23, 1987. [Children's Research Institute of California (CRIC)-Bay Area Foster Care Network, 1987]

- In California, the average length of stay for a child in shelter care is nearly 40 days. Nearly 1/4 of all children in emergency shelter in San Francisco were there 2 months or longer. Among these children, 20% were there 76 days or longer. (CRIC, 1985; LHC, 1987)

- In Maryland, it takes an average of 5.1 years for a child in the foster care system to be adopted; in Baltimore City, the 118 children adopted in the year ending June 1986 had spent an average of 7.4 years in care. ("Growing Up Alone," Governor's Task Force to Study Adoption Procedures in Maryland, as cited by CDF, 1988)

HEALTH AND EMOTIONAL NEEDS OF FOSTER CHILDREN LARGELY IGNORED

- Although foster children are at risk for serious health problems, of 417 foster children surveyed in Baltimore, the Early Periodic Screening, Diagnosis and Treatment (EPSDT) exam was completed for only 30% of the newly enrolled and 18% of the longer-term foster children. Less than 12% of the children had received psychological services. (White, Benedict, & Jaffe, 1987)

- Of 14 California counties surveyed, only one performs routine mental health evaluations of foster children, and in most counties, less than 1/3 of the children ever receive such evaluations. (Klee & Halfon, 1987)

- Even after problems are identified, in many California Counties, ongoing mental health care is not initiated until the child leaves the county shelter or emergency foster home, a process that may take up to 6 months. (Klee & Halfon, 1987)

FAMILY PRESERVATION/SUPPORT PROGRAMS REDUCE OUT-OF-HOME PLACEMENTS

States identified programs which, according to evaluations, have successfully prevented child abuse, reduced recidivism, improved family functioning, avoided costly treatment and prevented placement of children in foster care. (Select Committee, 1987)

For example:

- Florida: The "Intensive Crisis Counseling Programs" (ICCP) served 107 families with 302 children. Of the 196 target children seen, only 5 had been removed by the state at the time ICCP services were terminated (a 97.4% success rate). 92 of these families were still intact. Follow-up at 1, 3, and 6 months showed 85.7, 65.5 and 80.0% success rates. A conservative estimate indicates that a single ICCP with 3.5 full-time equivalent therapists may net the state $619,290 in avoided placement costs.

- Nebraska: The "Intensive Services Project" served 34 high-risk families during its first year. In 86% of these cases (24 of the first 28 cases), placement was averted. A rRevised and extended version of this project, "Home-Based Family-Centered Services," decreased the number of children placed out of the home by 10% in its first 2 years. In its first year, therapists reunified or prevented placement in 90.4% of the 248 families they saw.

- Virginia: Of the 715 children at risk of placement who were treated by the "Preplacement Prevention Services Program," which provides family-structured therapy and/or home-based services, only 7% were removed; and they remained in placement for a shorter time than other foster children. Of the 391 families, 69% improved in overall family functioning. The average cost to prevent placement is $1,214, while the average annual cost for foster care is $11,173, and for a residential facility, $22,025.

4/13/88

SUMMARY OF FIELD HEARING ON "YOUNG CHILDREN IN CRISIS: TODAY'S PROBLEMS AND TOMORROW'S PROMISES" LOS ANGELES, CA, APRIL 15, 1988

The Select Committee on Children, Youth, and Families held a field hearing in Los Angeles, CA, that examined crises facing young children and families and effective prevention and intervention programs.

Rhea Perlman, actress and parent from Los Angeles, CA, opened the hearing and called for safe and affordable child care to enable families to achieve and maintain self-sufficiency, to provide for early detection and correction of potential problems, and to offer parents respite from stresses that an contribute to abuse. Gilda Hines, a parent from Inglewood, CA, told the Committee how the lack of affordable child care resulted in a situation where her daughter was sexually abused, and how full-time emergency (respite) and regular child care allowed her to continue working, to obtain counseling for her child and herself, and to diagnosis and treat her son's delayed speech problem. Bernesteen Robinson of Los Angeles, the aunt and foster parent of four siblings placed with her because of abuse and neglect at home, next described their multiple problems,her difficulty in finding support services for them and in obtaining routine foster care payments.

Wendy Lazarus, Director of the Southern California Child Health Network, Children's Research Institute of California, Santa Monica, CA, reported that the state's health and service indicators show worsening trends: more pregnant women receiving no or late prenatal care; an increased percentage of low birthweight babies at high risk; and an increase in infant death rates in 1985 for the first time in 20 years. Expenditures in the state's medical services for handicapped children grew 10% in 1986, and were attributed to the growing number of infants born prematurely or at low birthweight and without adequate prenatal care. Further, one in four pregnant women relied on Medi-Cal for health care during pregnancy, but fewer and fewer obstetricians take Medi-Cal. Calling prenatal care and early intervention services "the best buy around," Lazarus reported a study of comprehensive prenatal care in California showing a one-third reduction in the incidence of low birthweight among babies and a forty-fold reduction in the incidence of babies born at very low birthweight. It costs about $1,200 to provide comprehensive prenatal care compared to the average $19,000 for a sick baby in an ICU. Lazarus noted that California alone would save $30 million yearly by providing prenatal care to the 36,000 pregnant women in the state who go without it. She urged several actions to reverse the trends: expanding Medicaid coverage; improving business practices in public health programs to attract and retain providers; targeting outreach and community education to those at high risk; and expanding effective programs for pregnant women and infants such as MCH Block Grant, WIC, and Community/Migrant Health Centers.

Xylina Bean, MD, Associate Professor, Pediatrics, Charles R. Drew University; and Director, Intermediate Care Nursery and Infant Follow-up Program, Martin Luther King, Jr. General Hospital, Los Angeles, CA, reported increasing problems due to the rising numbers of both pregnant women who receive no prenatal care and drug-exposed infants. The percent of women seen at Martin Luther King Hospital with no prenatal care rose from 10% to 23% between 1981 and 1987 and is projected to be 30% in 1988. Bean said that

many mothers cannot get an appointment until after their expected delivery date. The babies whose mothers did not receive prenatal care comprised 20% of all the neonatal deaths at the hospital. The babies who do survive are very costly, usually requiring intensive care at $800-$1,500 per day. Bean estimated that the number of babies born drug-exposed or in withdrawal in 1987 was 1,450, or 34% more than in 1986. She told the Committee that many of these babies are placed in dependency care, with placement costs ranging from $525-$3,000 per month/per child. These infants appear at high risk for Sudden Infant Death Syndrome (SIDS), failure-to-thrive, developmental delays, and AIDS; and for attention deficits, speech and behavior problems as they grow older. Bean confirmed that services designed to meet the special needs of these high risk populations are virtually non-existent.

Aja Tulleners Lesh, RN, Ph.D., Director of the High Risk Infant (Newborn) Follow-up Project, California State University in Los Angeles, CA, testified regarding the outcomes of the Newborn Follow-up Project that has provided nutritional, medical and psychosocial support services to about 650 infants and their families since 1979. Longitudinal study of 139 infants showed that the multi-risk infants who participated in a two-year in-home intervention program were basically healthy and within the average range of growth and development. The best predictors of infant growth, health and development at two years were not how sick the baby was at birth, but early measures of the mother's relationship with her infant and the home environment. The Project's services cost approximately $1,000 per year/per infant and are judged to be cost-efficient given the large initial investment already in place and the potential for averting even greater costs in special education and other programs.

Robert L. Chaffee, Director, Los Angeles County Department of Children's Services, stated that funding to implement preventive an reunification services under the Child Welfare and Adoption Assistance Act (P.L. 96-272) and the state's law to implement it, SB-14, has been inadequate. He reported that in 1986, more than 15,000 Los Angeles children were placed in out-of-home care, and on average 23,000 children are in foster care in any given month. Petitions for foster care due to drug abuse by a child's parents, drug ingestion by a minor, or infant in drug withdrawal, rose dramatically from 1981-1987. Substance abuse related referrals represented 18% of the total petitions filed in 1987 up from 4% in 1981. Reports of child sexual abuse also jumped 61% from 1,361 in 1981 to 2,200 cases in 1987. The overall increase in children entering foster care showed the largest increase among those 0-5 years. Chaffee said that the availability of foster homes has not kept pace with these needs, in part due to low foster care maintenance payments that range from approximately $300 to $400 per month. He called for greater recruitment of relatives and specialized foster homes; intensive training; a range of support services, more adequate compensation; greater interagency coordination; and increased funding for preplacement and reunification services and for efforts to address the needs of older children.

Nancy Daly, Chairperson of the Los Angeles County Children's Srvices Commission, Los Angeles, CA, reported that when she started working as a volunteer 8 years ago at the MacLaren Center children's shelter, capacity was 140; now it is 300 although there has been no expansion of the facilities. She pointed out that there are often 30 toddlers at MacLaren many of whom would

not have to be there if respite care and child care were available to families and foster families. It costs over $3,000 per child at MacLaren compared to a few hundred dollars for family foster care. Daly said that the creation of the Department of Children's Services and the County's Children's Commission, which provides oversight and advice on activities of all departments in the county as they relate to children's services, helped improve conditions at MacLaren. Although awareness of the problems has increased, according to Daly, the system itself has not substantially improved, and services required under P.L. 96-272 and California's SB-14 have never really been provided. Daly recommended funding for preplacement services so that children can stay in their homes; adequate prenatal care and follow-up to ensure that babies are born healthy and stay healthy; in-home services to families; respite care and child care for natural and foster families; well-trained, better paid and more highly recognized foster parents to care for children who cannot remain in their home; and mental health services for children who enter the system.

Harold E. Shabo, Judge of the Superior Court of California, Los Angeles County, charged that the dependency system "itself is engaged in a pattern of neglect and abuse....and the system is at such a point of overload that the needs of children and families are not being met in too many cases." He told the Committee that "reasonable efforts" to avoid the need for court intervention and "reasonable reunification services" do not exist. He cited cases of families charged with neglect where homelessness, lack of shelter, and lack of funding for housing assistance for the whole family were the problems. Shabo also submitted that the unavailability and inadequacy of treatment programs for drug abusing parents result in infants being separated from the family with little or no opportunity to bond with the parent. High caseloads for the court and children's services workers mean that caseworkers can barely respond to emergencies, special orders of the court are ignored and delayed, and the courts themselves cannot expeditiously handle the cases coming before it. Shabo related case examples, including the case of a deaf child with a troubled family history who ended up in a state mental institution because there was no available foster placement; and the case of children in a family under the jurisdiction of both the foster care and adoption divisions, who missed out of appropriate adoptive placement because of poor coordination.

Patricia Nagler, Staff Attorney, and Byron Gross, Directing Attorney, Legal Aid Foundation of Los Angeles, followed. Nagler testified that despite the excellent provisions of P.L. 96-272, in practice the law is not working because of inadequate funding and the lack of enforcement by governmental agencies. Problems are compounded by large caseloads in the courts and child welfare system. The court conducted 39,943 review hearings in 1985-86, a 38% increase from the prior year. Social workers' caseloads average 60 to 70 cases, and can reach as many as 120. She reported that examination of cases in dependency court in Los Angeles revealed unnecessary removal, failure to provide basic health, mental health and support services (e.g. child care, transportation) for children and parents, failure to follow visitation frequency regulations, and grossly inadequate recordkeeping with respect to children in foster care. She added that these problems are particularly severe for emotionally disturbed children and handicapped children. Nagler also reported serious delays in processing and paying foster care benefits. The determination of "reasonable efforts" poses

another problem because of the lack of independent information to assess what services should have been provided and whether they were provided.

Byron Gross reported that, until recently, the state and counties were only providing emergency shelter to children removed from their families due to homelessness. As a result of litigation against the state to demand emergency shelter for homeless families, there are new homeless assistance benefits, funded through AFDC, that provide for temporary shelter and permanent housing assistance.

Dan Ramos, Supervising Social Worker, Los Angeles Department of Children's Services (DCS); and member, Local 535, Service Employees International Union, next recounted his experiences with the dependency care system as a child growing up in the system and his current work with DCS. Ramos reported that caseloads average 70-75 and that there are enormous paperwork requirements. He said that it is impossible to meet visitation requirements and see all the children and families as mandated, much less as necessary. He reported that, contrary to policy, because workers are overloaded, they take work home; others simply burn out resulting in a high turnover and often a series of caseworkers for a family. According to Ramos, the numbers on monthly visitation reports are often inflated to meet paperwork requirements. He noted additional problems for non-English speaking or bilingual families, and the lack of assistance for undocumented, immigrant families.

Lillian Johnson, Assistant Director, San Francisco City and County, Family and Children's Services, San Francisco, CA, described the Fragile Infant Special Care Program ("Baby Moms") for medically fragile infants in San Francisco. Between 1981 and 1985, the city documented a 50% increase in problems related to substance abuse during pregnancy. "Baby Moms" was established to address the lack of placement options for these babies, many of whom waited in hospitals at a cost of $425 to $1,200 per day. The program aims to limit hospitalization, provide maximum home care, and establish consistent caregiving and quality medical care with case management from the public sector. The program recruits individuals with prior foster care and/or nursing experience and provides special foster care board rates to correspond to the different levels of care. The foster parents receive regular training in medical and psychosocial areas, participate in a monthly support group and have developed a "hotline" network. The cost per infant ranges from $1,100 to $2,000 per month. The program now operates 12 licensed homes and anticipates 30 homes by the end of 1988.

Judith Nelson, ACSW, J.D., Executive Director, Children's Bureau of Los Angeles (CBLA), Los Angeles, CA, described the services and results of CBLA's Family Connection Project (FCP), a comprehensive, mostly in-home child abuse and neglect prevention and early intervention program. The program serves families or caretakers, including foster parents, with children under the age of 12 who are at high-risk for abuse or neglect or possible out-of-home placement. FCP provides counseling, modeling of positive relations, parent skills training, homemaking and home maintenance skills, and emergency. Of the clients served during the last 7 months of 1987, 49% successfully completed the program and 10% were referred to another agency for long-term treatment. Nelson cited the need for more stable public funding for ongoing services, a reduction in paperwork requirements, greater

collaborative efforts to reduce competition between services and agencies, and incentives for research to evaluate efficacy and cost effectiveness.

Eugene R. Ferkich, Ed.D., Coordinator, Student Services, and Mary Ann Mallis, MA, Coordinator, Infant Project, Division of Special Education, Los Angeles Unified School District, concluded the hearing with a description of early intervention services for infants and families in Los Angeles County, provided through the Departments of Health Services, Education, and Developmental Services. Critical issues regarding the provision of these services include the uneven availability of services among communities; the need for strengthened interagency coordination; more uniform interpretation of service eligibility with the inclusion of infants with identified disabling conditions, as well as those at high risk of developing disabilities.

YOUNG CHILDREN IN CRISIS:
TODAY'S PROBLEMS AND TOMORROW'S PROMISES
A FACT SHEET

CHILDREN IN CALIFORNIA

- In 1986, 482,000 babies were born in California, 1 of every 8 babies born in the United States. Approximately 80,000 more babies were born in 1986 than in 1980, a 20% increase. [Southern California Child Health Network, Children's Research Institute of California (SCCHN), 1988]

- In 1980, there were 2 million children aged 0-17 in Los Angeles (LA) County, 3% of the nation's total child population (63 million).

  61% of all LA County children are non-white. The largest single group is Hispanic, accounting for 4 out of 10 children. [U.S. Bureau of the Census, 1980; Los Angeles Roundtable for Children (LA Roundtable), 1984]

- In 1980, almost 1/5 of LA County's children lived in households with incomes below poverty. In FY 1984, more than 2/3 (68%) of AFDC recipients in Los Angeles were children. Between FY 81 and FY 84, there was a 6% increase in the total number of AFDC recipients. (LA Roundtable, 1984)

GROWING NUMBER OF CHILDREN AT RISK OF POOR HEALTH

- Among the 20 largest U.S. metropolitan areas, Los Angeles-Long Beach has the largest percentage of uninsured adults and the second largest percentage of uninsured children. [California Policy Seminar (CPS), 1987]

- In 1986, California experienced increases in births to mothers in each of three high-risk categories: age 17 or younger; age 35 or over; or between the ages of 18 and 34 who received late or no prenatal care. Nearly 91,000 babies in California -- one in every five -- were born to high-risk women, a 14% increase from 1984 to 1986. (SCCHN, 1988)

- The number of children eligible for California's medical program for disabled children increased by 14% between FY 86 and FY 87, and is projected to grow 28% by FY 89. Program administrators report that resulting higher expenditures are due to an increase in infants born prematurely or at low birthweight and without adequate prenatal care. (SCCHN, 1988)

- Children in foster care in Los Angeles have significantly more health problems than other children of comparable ages, including growth retardation; decayed teeth; and inadequate immunization. 10% of children in shelter care in Los Angeles have a severe or chronic medical condition. [United Way of Los Angeles (UWLA), 1987; California Foster Care Network (CFCN), 1985]

- Foster children often fail to receive comprehensive and continuous health care in LA due to a shrinking pool of private physicians and dentists willing to treat foster

children; inadequate medical records; and inadequate monitoring that results in postponed or duplicated health exams. (UWLA, 1987)

SUBSTANCE ABUSE, LACK OF PRENATAL CARE POSE THREATS TO INFANTS

- In LA County, the number of babies reported to county authorities because of drug withdrawal at birth increased by 183% between 1984 and 1987. (SCCHN, 1988)

- While drug abuse is growing in California, alcohol remains the most frequently abused substance, affecting over 4,000 newborns each year. (SCCHN, 1988)

- In California, the percentage of women receiving late or no prenatal care grew from 7.2% in 1984 to 7.6% in 1985. In 1985, rates of late or no prenatal care were 10.8% for Hispanics; 9.3% for blacks; 6.2% for Asians; and 4.8% for whites. (SCCHN, 1988)

- California babies born to mothers who receive late or no prenatal care are 5 times more likely to die than babies born to mothers receiving adequate care. In 1985, California's infant mortality rate increased for the first time since 1965 to 9.5 deaths per 1,000 live births. (Dallek, 1987; SCCHN, 1988)

- In 1984, nearly 16% of patients delivering in LA County public hospitals received late or no prenatal care compared to 6% delivering in the County's private hospitals. In 1985, the infant mortality rate in LA County was 10.3 deaths per 1,000 live births. (Dallek, 1987; SCCHN, 1988)

CALIFORNIA CHILDREN WAIT FOR CHILD CARE

- In 1986, 51,326 LA County families were on waiting lists for child care. (California Child Care Resource and Referral Network, 1987)

- Only 7% of the 1.1 million children eligible for state subsidized child care receive it. [Commission on California State Government Organization and Economy (Little Hoover Commission), 1987]

REPORTS OF CHILD ABUSE GROW; MORE CHILDREN IN FOSTER CARE

- In California, the child abuse and neglect reports increased from 73,473 in 1982 to 342,001 in 1986, a 365% increase. Calls to the LA County Department of Children's Services child abuse hotline were up more than 200% from 1981-1986. (Little Hoover Commission, 1987; Interagency Council on Child Abuse and Neglect, County of Los Angeles, 1987)

- The number of dependency judicial reviews in Los Angeles increased from 11,610 in FY 82 to 38,215 in FY 87, a 229% increase. (Little Hoover Commission, 1987)

- California counties report increased shelter care admissions of infants and young children. One county reports that 40% of their shelter children are under age 6; another has over

100 infants in shelter care -- most are diagnosed as failure-to-thrive or have drug-dependent mothers. The average length of stay for a child in shelter care, a system designed to be temporary, is nearly 40 days. (CFCN, 1985)

SYSTEMS STRAINED, OVERWORKED, UNDERFUNDED

- In Los Angeles, 90% of children removed from their homes after normal working hours at social service agencies were detained and placed into emergency shelter care with limited social worker involvement. [Bay Area Foster Care Network, Children's Research Institute of California (BAFC), 1987]

- Between 1980 and 1984, the caseloads of child welfare workers in LA County rose more than 52%. (LA Roundtable, 1986)

- In FY 84, only 5% of expenditures for child protection in Los Angeles went toward prevention and early intervention. By contrast, protective services accounted for 85% and dependency court processes, 10%. (LA Roundtable, 1986)

4/15/88

SUMMARY OF JOINT HEARING ON "FOSTER CARE, CHILD WELFARE, AND ADOPTION REFORMS" WASHINGTON, DC, APRIL 28, 1988

The Select Committee on Children, Youth, and Families held the second of three joint hearings with the Subcommittee on Public Assistance and Unemployment Compensation of the Committee on Ways and Means to explore the implementation of P.L. 96-272, the Adoption Assistance and Child Welfare Act of 1980.

Patrick Babcock, Director, Michigan Department of Social Services, Lansing, MI, submitted testimony that there were significant increases in the number of active foster care cases between 1981 and 1987, with a disproportionate increase in the number of black children entering foster care. Factors contributing to the increases include the high number of impoverished families; high unemployment, infant mortality, and drop out rates; the shortage of affordable, quality child care; and rising numbers of children in foster care who could be better served in their own homes.

Babcock suggested improving the child welfare system by restructuring federal funding for children's services into a comprehensive, unified system; giving greater priority to prevention and family preservation programs; correcting the gaps in the delivery of services; coordinating service provision guidelines with families' needs; and mandating legal entitlements to services.

Mona Hurst, Director, Northern Virginia Regional Office, Virginia Department of Social Services, Fairfax City, VA, stated that children entering the foster care system today are older, exhibit more emotional and behavioral problems, more parent-child conflict, and more substance abuse. More children are entering care as delinquents or in need of expensive, specialized services. She stated that effective compliance with P.L. 96-272 requires the development of increased services in the areas of prevention, rehabilitation and reunification. The resources for these requirements have not kept up with the need. She indicated that Virginia has been frustrated by the Department of Health and Human Services' inconsistency in compliance review standards and procedures from year to year.

Michael Weber, Director, Hennepin County Community Services Department, Minneapolis, MN, attributed the recent increase in children in foster care to a rise in: abuse and neglect reports; children of parents who are themselves seriously developmentally delayed; seriously mentally ill children; children who are homeless; and "throwaway" children, including those who have been adopted but are no longer wanted by their adoptive families.

Weber recommended adjustments to P.L. 96-272 to ensure the provision of post-adoptive services, especially for special needs children; including a component addressing the needs of homeless children; increase Title IV-B funds in proportion to Title IV-E expenses to expand prevention and reunification programs; and extend the independent living program to include youth over the age of 18 and homeless youth.

The Honorable William G. Jones, District Court Judge, Charlotte, NC, testified that the structure of the Act relies upon the court process to give meaning to "reasonable efforts." This process works only as well as the participants make it: the judge, the attorney, and the social worker. Problems develop when the court participants do not understand the law, and the advocates, who often receive little or no training about the law, fail to perform their jobs effectively. The Act should be amended to provide incentives to states to enhance the quality of advocates, and incentives should be provided to the courts for training and educational development. Such incentives now exist only for social services agencies.

Mark Hardin, Esq., Washington, DC, stated that many courts and agencies have begun to work together more closely and to develop a more coordinated decision-making process as a result of implementing P.L. 96-272. His suggestions for improving the law include: requiring states to establish a set of preventive and reunification services that will be provided on a consistent, statewide basis, requiring agencies to provide courts with written statements describing their efforts to preserve families in each case; providing funds to state court systems to help them improve their administration of cases involving foster children; and providing fiscal incentives for courts that reduce or limit delays in foster care legislation.

Anita Weinberg, Assistant Public Guardian, Chicago, IL, testified that state social service agencies are not using P.L. 96-272 to develop preventive an reunification services as they should. She recommended that financial incentives be included to encourage training and educational programs for participants in the court system. Additional suggestions for improving the law include creating preventive services by agencies when necessary and amending the Act to require that the "reasonable efforts" finding be made at each 6 month review. She also recommended requirements that a minimum number of preventive services be available statewide and that case plans be provided to the child's guardian ad litem, attorney, or advocate.

Randolph Burton, Spokesperson, Justice for Children, Houston, TX, testified that in many abuse cases, children are not removed from their homes and suffer great harm and even death as a result. He contends that this outcome is the inadvertent result of P.L. 96-272, which provides financial incentives for the preservation and rehabilitation of the family unit. His suggestions for improving the system include providing funding for increased law enforcement presence, clarifying P.L. 96-272 to ensure that the principal priority of Child Protective Services (CPS) is the protection of the child, and providing national training and certification standards for CPS caseworkers.

John Pierce, Executive Director, Pennsylvania Council of Children's Services, Harrisburg, PA, testified that since 1980, in Pennsylvania, the number of finalized adoptions has decreased, out-of-home and residential placements have increased, substantiated cases of abuse increased 53% and reabuse cases increased from 5.5% in 1981 to 15.5% in 1987. The system has responded by developing services for only the most troubled children. He suggests the development of a new children's services system and more flexibility in the use of federal funds to alleviate the current problems in the child welfare system.

Megan McLaughlin, Director, Federation of Protestant Welfare Agencies, New York, NY, addressed a series of critical problems confronting the child welfare system: an alarming number of children forced into foster care because of the shortage of adequate housing and because of poverty, drug addiction, and racial discrimination. Too many programs in the child welfare area focus on the family as the cause of the problem when the problem is actually the environment. She suggested the development of a community-based approach to solving these problems, which would ensure that housing, day care, and other services be provided within a specified area for all persons.

James Haveman, Executive Director, Bethany Christian Services, Grand Rapids, MI, discussed his suggestions for improving the child welfare system which include: conducting an inventory of what is currently being done with federal dollars in the area of child welfare, adoption, and foster care; consolidating the child welfare, juvenile justice, and child mental health systems; increasing the federal match for services to "at risk" children and for adoption subsidies; and shifting Title XX monies to early intervention programs.

Testimony of Joe Kroll, Executive Director, North American Council on Adoptable Children, St. Paul, MN, cited the positive impact of P.L. 96-272 on the adoption process, especially of "special needs" children. He stated that children being placed for adoption today are often older and more troubled than children who were placed in the past. He cites a need for the availability of post-legal-adoption services, including on-going therapy and family counseling, and an increase in federal, state, and local programs, personnel, and resources to assist in the placement of minority adoptive children.

SUMMARY OF FULL COMMITTEE HEARING ON "DOUBLE DUTY: CARING FOR CHILDREN AND THE ELDERLY," WASHINGTON, DC, MAY 3, 1988

The Select Committee on Children, Youth, and Families held a hearing on "Double Duty: Caring for Children and the Elderly" to explore the role of members of the baby boom generation who increasingly find themselves caring for both their elderly parents and their own children at the same time.

The Committee first heard from family members whose "double-duty" caretaking has affected their emotional and financial well-being. Patricia Brady from Mahopac, NY, described how she cares for her 3 year-old son with severe, multiple disabilities, her mother with emphysema, and he grandmother who has a serious heart ailment. She testified that caregiving demands had forced her to quit her job, imperiling her family's economic stability. She told the Committee: "The intricacies of my 24-hour a day, 7-day a week job can only be compared to getting the annual budget passed....When grandmother is having another of her multiple heart attacks and my son's cardiac monitor begins beeping, I know what my responsibilities are. And what is really poignant about this job is that I cannot fail."

Nancy Lane from Soddy-Daisy, TN, for 2 years cared for a baby born prematurely and her father who had suffered a stroke. When her father died, the family experienced a financial setback due to loss of his insurance and benefits. Expecting another baby, and caring for a hyperactive toddler, as well as her aging, financially destitute mother, Lane quite her job to provide care and become eligible for health care and other benefits. Lane testified that the stress of caregiving had contributed to her divorce. Lance suggested that Congress "find an incentive to those families to choose to help themselves by taking care of their own...but above all enable us to know that when we try and fail to help ourselves that our government will help us, not penalize us for trying."

Deborah Warnock from Brooklyn, NY, described the effects on her family of having her mother live away from home 3 days a week caring for her infirm grandfather: "During those years, our home life was being torn into pieces. I was 13 years old and I had to suddenly take on some of my mother's home responsibilities....We felt guilty wanting her home when we knew that Papa needed her there too." Her mother, Arleen Warnock, testified about the need for families to have information on available services and Medicare/Medicaid coverage. She identified discrepancies in financial reimbursement, the difficulty of the application process, and the shortage of skilled in-home aides. She also shared her feelings about "double-duty." "The constant feelings of being torn between your feelings of responsibility toward your husband and children and toward your elderly relative leaves people really drained and guilt-ridden....One person cannot stand alone and do it all. We all need help."

James E. McEuen from Bethesda, MD, described the series of stressful events that affected his family emotionally and financially. He testified, "In 1986 we learned of my mother-in-law's cancer. We were trying to give care and solace to her and my father-in-law...when my father died. He collapsed trying to help my mother up from the bathroom floor where she had fallen. I was home sick that day; before I could go to the hospital, I

had to pick up my son at day care and then my wife at work downtown so she could stay with him. My father was dead by the time I reached the hospital....On the day of his funeral, we learned that my wife was pregnant." McEuen still has responsibility for juggling responsibilities for his ill mother in a nursing home and child care arrangements for his two children.

He emphasized the need for information and referral services so families would know where to turn for support and reliable caregiving.

Susan Kornblatt, Board Member of the Family Survival Project in San Francisco, CA, pointed out that families typically come to a service agency only after trying to shoulder the burden alone. She described the services of the Family Survival Project, a non-profit, community agency, which provides information, respite care, emotional support, legal and financial information, and direct care. This project has been replicated statewide. Kornblatt highlighted findings from the Project's research study of family members who provide care, including: working caregivers spend an average of 35 hours per week providing care in addition to their jobs; and 22% of currently unemployed caregivers quit their jobs to give care, with an estimated loss in annual income of $20,400.

Kenneth Johnson, MD, Director, National Interfaith Volunteer Caregivers Program, Kingston, NY, described his program funded by the Robert Wood Johnson Foundation. In 1984, 25 projects were funded nationwide to recruit, train, and supervise volunteers to meet the needs of people with disabilities of all ages. The volunteer services are sponsored through interfaith coalitions of churches and synagogues. After 2-1/2 years, the 25 projects had recruited over 10,000 volunteers who had served over 26,000 persons. Johnson addressed the importance of start-up funds from "outside sources." He stressed the important contribution of volunteerism to family caregiving, but stated that volunteerism must be coupled with other public/private programs to provide the full array of services.

Elaine Brody, Associate Director of Research, Philadelphia Geriatric Center, Philadelphia, PA, identified national demographic trends, including the decreasing birthrate (resulting in fewer children to share elder care), increased labor force participation of women, delayed childbearing, and children with developmental disabilities living longer, which suggest that the future family caregiving crunch is likely to worsen. She testified that families, not government or community agencies, provide the vast amount of caregiving. The most pervasive and severe effects on family caregivers, according to Brody, are depression, anxiety, sleeplessness, frustration, and lowered morale. Brody described a model respite demonstration/research program designed to counter these effects. The study found that while many families waited until they were on the verge of breakdown to use respite care, this was the service most often requested. Families who were offered respite did not reduce the amount of family help provided and avoided institutionalizing their relative for a longer period of time than non-users of respite.

J. Knox Singleton, Chairman, Volunteer Development Committee, Fairfax Committee on Aging, Burke, VA, identified the needs of families who provide caregiving including information, education,

and counseling; respite; and financial assistance. He stated that the appropriate role for government is to promote the development of community-based, private and volunteer services. Knox also testified that home health care insurance and tax credit incentives are options in avoiding institutionalization of elderly citizens.

Dorothy Francis, a "Friendly Visitor" of the International Ladies' Garment Workers Union, New York City, NY, described the loneliness and daily living problems of elderly retirees, and underscored the critical role that the union plays in supporting families to care for their members. She stated that most of the retirees she visits as a participant in the union's "Friendly Visitor" program are hesitant to depend too heavily on their own children because of their children's competing family and job responsibilities.

Al Nestor, Director, Franconia Family Therapy Center, Alexandria, VA, identified women as the primary caretakers of the elderly and underscored the value of providing support to women within the family context. Nestor recommended that agencies collect anecdotal information from families, Women's Centers assist women in dealing effectively with outside agencies, and television and radio encourage families to communicate with each other about their needs.

DOUBLE DUTY: CARING FOR CHILDREN AND THE ELDERLY
FACT SHEET

CHILDREN, ELDERLY FAMILY MEMBERS NEED CARE

- In 1985, an estimated 26.5 million children under age 15 had mothers in the labor force; 16.8 million had mothers who worked full time. If current female labor force participation trends continue, by 1995 over 3/4 of school-age children (34.4 million) and 2/3 of preschool children (14.6 million) will have a mother in the workforce. [U.S. Bureau of the Census (Census), 1987; Hofferth and Phillips, 1967]

- 20 million children have a chronic physical or mental condition; 3.2 million are limited in their daily activities because of their disability. Children in poverty are almost 50% more likely to have a disability than children from higher income families. (Fox, 1987)

- Among the elderly, the need for care increases with age: 13% of the 65-74 age group, 25% of the 75-84 age group, and 46% of the 95 and over age group need care. (National Council on the Aging, 1987)

- In 1982, there were 1.2 million frail elderly receiving informal care. Of the elderly citizens receiving care from their families, the majority are female, 1/3 have family incomes in he poor or near-poor range, and slightly over 2/3 are in fair or poor health. (Stone, Cafferata, & Sangl, 1987)

MOTHERS SERVE AS PRIMARY FAMILY CAREGIVERS; MANY ALSO WORK

- In 1982, almost 2.2 million individuals 14 or older provided unpaid assistance to 1.2 million noninstitutionalized elderly persons with a disability. More than 70% of the caregivers were female, and of these, almost 30% were daughters. 25% of adult children caring for elderly parents had simultaneous responsibility for children. The average age of female caregivers of elderly parents is 57.3 years and 31% are employed. (Stone, Cafferata, & Sangl, 1987)

- 28% of the home-office employees at a Hartford-based insurance company provided care for an elderly relative or friend. Among employees ages 30-40 in this group, 29% have children under age 6; 43% have children 6-18. Of those ages 41-55 in this group, 4% have children under age 6; 37% have children 6-18. (The Traveler's, 1985)

- In 1987, 57% of mothers with children under 6, and 71% of mothers with children ages 6-17 are in the labor force. Nearly 3/4 (74%) of all employed mothers with school-age children ages 6-17, and 2/3 (67%) with children under 6 worked full-time. [Bureau of Labor Statistics (BLS), 1987)

- 38% of the primary caretakers of children with chronic health conditions are employed. (Human Services Research Institute, 1985)

- 49% of married working mothers report full responsibility for home chores compared with 4% of married working fathers. (Burden and Googins, 1985)

- When a child is sick, female employees are 6 times as likely to stay home and provide care than are male employees. (Burden & Googins, 1985)

VULNERABLE FAMILIES LOSE INCOME TO PROVIDE CARE

- In 1982, while the majority of family caregivers of the elderly reported adjusted family incomes in the low to middle range, almost 32% had incomes falling within the poor or near-poor category. 9% of all caregivers (12% of caregiving daughters) reported they left the labor force to care for a disabled relative or friend. (Stone, Cafferata, and Sangl, 1987)

- Among one sample of women caring for elderly parents in the Philadelphia area, 13% found i necessary to quit their jobs; 40% of them had family incomes of less than $15,000 a year. (Brody, 1988)

- In California, a survey of Bay Area caregivers revealed that 22% of those who were not employed outside the home had quit their jobs to give care. Their estimated lost annual income was $20,400 each. (Family Survival Projects, 1988)

- 36% of mothers in families with incomes less than $15,000/year said they would look for work if child care were available at a reasonable cost. (Census, 1983)

FAMILY CAREGIVING: MORE THAN A FULL-TIME JOB

- Both male and female employees who are parens spend from 15 to 25 more hours per week on combined family and work responsibilities than do employees who are not parents. (Burden & Googins, 1985)

- Families provide 80%-90% of the medical and personal care, household tasks, transportation, and shopping assistance of elderly members requiring care. (Brody, 1985)

- Approximately 80% of the caregivers of elderly persons provide assistance 7 days per week for an average of about 4 hours per day. (Stone, Cafferata, & Sangl, 1987)

- On the average, caregivers employed outside the home spend 47 hours each week providing care to an elderly or adult family member who lives with the caregiver, exceeding the time they spend at the job. Family caregivers who do not work outside the home spend an average of 18 hours per day giving care. (Family Survival Project, 1988)

- Daughters provide the same amount of assistance to elderly parents regardless of the number of children they have or the ages of their children. (Stoller, 1983)

CAREGIVING TAKES TOLL AT HOME AND IN THE WORKPLACE

- 70% of women with double care responsibilities report stress and worry about family finances compared to 64% of mothers

with child care needs only and 59% providing adult care only. (Emblen, 1988)

- A significant problem of families who provide care is fear about the care recipient's condition and uncertainty about the nature of illness and treatment. (Masciocchi, 1985)

- The most negative consequences of caregiving are emotional strain including depression, anxiety, frustration, and helplessness. (Brody, 1985)

- More than 450,000 parents have their jobs disrupted each month by difficulties with child care arrangements. (Census, 1987)

- In a survey of 400 men and women with children under 12, 41% lost 1 day of work in the prior 3 months to care for family matters. Child care problems were found to be the most significant predictors of absenteeism and limited productivity. (Galinsky, 1987)

- Approximately 3/4 of female caregivers of elderly family members report a conflict between work and caregiving and 35% report that caregiving has affected work. (Gibeau, 1987)

- On the average, women miss 1 week of work per year due to caregiving of an elderly family member. One survey indicated that women in the highest occupational group (professional and managerial) missed the most work hours and were most likely to identify work and caregiving conflicts. (Gibeau, 1987)

CHILD CARE AND FAMILY SUPPORT NEEDED, BUT HARD TO COME BY

- In a survey of families providing care for adult or elderly members, 52% needed information, 38% needed respite services, and 35% needed emotional support. (Family Survival Project, 1987)

- In 1980, respite care was the need most frequently identified by state social services for families with developmentally disabled children. In a survey of caregivers of Alzheimer's sufferers, respite care was desired more frequently than any other service. (Cohen and Warren, 1985; Brody, 1988)

- 73% of women caring for children and elderly persons report difficulty finding adult care compared to 66% looking for adult care only, and 55% report difficulty paying for child care compared to 48% of mothers with only child care needs. (Emblen, 1988)

- A 20-site workforce survey revealed that only 5% of women caring for both children and elderly persons claimed a tax credit for adult dependent care. (Emblen, 1988)

- While low-income, female-headed households account for 80-90% of the families receiving child care subsidies through some combination of federal, state, and local funds, many states are serving less than 30% of their eligible population. (Marx, 1987)

- In FY 1987, the largest federal spending program that provides child care assistance and social supports for the elderly (the Title XX Social Services Block Grant) was worth only half its FY 1977 level, when adjusted for inflation. (Children's Defense Fund, 1987)

May 3, 1988

SUMMARY OF JOINT HEARING ON "FOSTER CARE, CHILD WELFARE, AND ADOPTION REFORMS" WASHINGTON, DC, MAY 12, 1988

The Select Committee on Children, Youth, and Families and the Subcommittee on Public Assistance and Unemployment Compensation of the Committee on Ways and Means held the third and final oversight hearing on the foster care system and the implementation of the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272).

Sydney Olson, Assistant Secretary for Human Development Services, U.S. Department of Health and Human Services (DHHS), representing the Department, was accompanied by Joseph Mottola, Deputy Commissioner, Administration for Children, Youth, and Families, and Betty Stewart, Associate Commissioner, Children's Bureau. Olson testified to the progress states have made since implementation of P.L. 96-272: fewer children in foster care (from 502,000 in 1977 to 275,000 in 1985); shorter placements in foster care (from an average of 27 months in 1980 to 18 months in 1985); more children reunited with their families (50% in 1982; 66% in 1985); fewer children in institutions (from 70,280 in 1977 to 27,500 in 1985); and more "special needs" children adopted. She cited the problems facing the child welfare system today: an increase in the incidence of child abuse and neglect, especially reported child sexual abuse; an estimated 70% of children entering care with family problems related to substance abuse, older, more troubled children entering the system with more complex problems; and the special problems presented by AIDS and drug addicted infants entering the system.

Olson indicated her belief that the foster care population increased slightly in the last few years. She described DHHS's review and audit procedures for monitoring state compliance with the funding guidelines of P.L. 96-272. With regard to the prevention and preplacement services mandated by P.L. 96-272, Olson said DHHS's main actions had been demonstration grants to universities and local agencies to develop training within these areas.

In response to questions, the officials stated: There are no accurate data on the number of children in foster care and no data system will be in place earlier than December, 1988; DHHS has audited 43 states, but in conducting these audits, the department only reviews samples of case files and does not contact children, parents, or social workers in individual cases to determine if preventive services were actually provided in those cases; DHHS does not take into account or use as a source of information pending litigation brought on behalf of children in foster care; New York, with the nation's second largest foster care population, has never been audited.

MaryLee Allen, Director Child Welfare and Mental Health Project, Children's Defense Fund, Washington, DC, testified that larger societal problems are placing increased stress on families and new demands on the child welfare system. These problems include poverty, homeless families, teenage pregnancies, substance abuse, increased reports of child abuse, and AIDS. Allen argued that these larger problems must be addressed directly to reduce the burden they place on the foster care system. Further, she recommended that the various child welfare agencies be unified into a single service system that can more effectively respond to families' needs. In the shorter run, Allen advocated that

Congress require a core set of health and education services for children in foster care. She stressed that higher priority must be given to, and minimum standards developed for, family preservation and reunification services.

Dennis Walcott, President, Black Child Development Institute, New York Affiliate; and Executive Director, Harlem-Dowling Children's Service, New York, NY, testified that in the 1980's, black children continue to be the victims of disproportionate rates of separation from their families. He reported that the number of children in foster care is on the rise, that the state child welfare systems are becoming increasingly pressured and overloaded, and that the Federal government has provided states little guidance in implementing the reforms of P.L. 96-272. Most states, Walcott testified, have not put into practice the family-based services mandated by P.L. 96-272. Few states specifically define and authorize foster care prevention and family reunification services.

Walcott proposed future legislation that would define more specifically the basic services responsibilities of state and local agencies. He suggested a requirement that certain, specified services must be provided before children are removed from their homes. Additional incentives are also needed for family reunification services, he argued.

David Liederman, Executive Director, Child Welfare League of America, Washington, DC, testified that more funds are needed to support the implementation of P.L. 96-272. Specifically, the Title XX Social Services Block Grant and Title IV-B Child Welfare Services should be increased to provide an adequate range of family support services designed to meet the continuum of permanency planning needs. Liederman advocated a shift in priorities toward preplacement services for children at imminent risk of out-of-home placement. He also suggested allowing IV-E funds for partial maintenance once a foster child is returned home.

Liederman argued that training of foster parents and staff of child care institutions should be funded under IV-E. Finally, he testified to the need for greater coordination among existing services and programs for children.

Sue Dondiego, Legislative Chairman, New Jersey Foster Parents Association (NJFPA), Trenton, NJ, testified that children entering foster care today tend to be more troubled and to face greater difficulties than their counterparts of a decade ago. New Services are needed for these children and also for foster parents, who need respite care and training on how to cope with such new problems as children with AIDS and infant born addicted to drugs. She reported that foster parents have a strong interest in training; when the NJFPA offered an 80-hour training course, it was oversubscribed.

Dondiego testified that homeless families are placing an increasing strain on the foster care system. In cases where children have been placed in foster care primarily because of homelessness, some foster parents have violated the law by taking in the children's mothers as well in order to keep families together. Dondiego argued that the foster care system was not intended to provide shelter for homeless families and that greater housing services and programs are needed to relieve the foster care system of this burden. Dondiego also reported that

current maintenance payments for foster parents are insufficient to cover the cost of caring for foster children.

Ruth Massinga, Secretary, Maryland Department of Human Resources; and President Elect, American Public Welfare Association, Washington, DC, testified that many improvements in the foster care system followed the enactment of P.L. 96-272. However, she reported that the law also had the effect of changing the foster care population. Many younger, less troubled, and therefore easier to serve foster children were reunited with their parents or placed in adoptive homes. Thus, the foster care population is now older and more troubled than it was in the late 1970's. She added that foster home settings are generally ill-equipped to respond to the needs of adolescents.

Massinga testified that available child welfare services are generally inadequate to meet the requirements of the "reasonable efforts" clause of P.L. 96-272. She attributed this inadequacy to a shortage of funding and the heterogeneity of families' problems. She also cited the administrative failure to make structural linkages between the various systems serving children and families. At the federal level, funding has been too low and funding restrictions have been too complicated.

SUMMARY OF HEARING ON "A DOMESTIC PRIORITY: OVERCOMING FAMILY POVERTY," WASHINGTON, DC, 9/22/88

The Select Committee on Children, Youth and Families held a hearing entitled "A Domestic Priority: Overcoming Family Poverty" in which a group of America's most prominent thinkers examined contemporary family poverty and discussed strategies the next Administration should pursue to reduce poverty in the next decade.

The Committee first heard from David T. Ellwood, Professor of Public Policy, John F. Kennedy School of Government, Harvard University and author of Poor Support: Poverty in the American Family. Ellwood testified that there are three major groups among the poor: (1) two-parent and single-parent families who are working full-time but are still poor; (2) the newly poor or temporarily poor who have suffered a major setback like losing a job, or husband; and (3) the long-term poor who are able-bodied but unable to maintain long-term participation in the labor force. Ellwood argued that the failure of the economy to enable working families to escape poverty and the inadequacy of the child support system to ensure income supports to children in single-parent homes are the primary causes of poverty today.

In Ellwood's view, the current welfare system treats the symptoms and not the causes of poverty. He argued that if welfare is our only policy response to poverty, we will never reach the point where families can escape it. Ellwood testified that the federal government should pursue five major reforms to reduce family poverty: (1) ensure that everyone has medical protection; (2) make work pay so that working families are not poor; (3) adopt a uniform child support assurance system; (4) convert welfare into a transitional system; and (5) provide minimum wage jobs to persons who have exhausted their transitional support.

William Julius Wilson, Lucy Flower Distinguished Service Professor of Sociology and Public Policy, University of Chicago, and the author of The Truly Disadvantaged, The Inner City, The Underclass, and Public Policy discussed the plight of the urban underclass. Wilson testified that the growth of the underclass in recent years is directly related to increasing social and economic dislocations. De-industrialization has eroded job opportunities for low-skilled blacks and the growth of service jobs do not compensate for that loss. As a result, many young black adults have stepped out of the labor market, and have resorted to welfare or to illegal activities to survive.

With the loss of gainful employment has been a widening of the gap between the ghetto and the rest of the city. Economic hardships experienced by black men have reduced their ability to form stable families, increasing the numbers of families headed by mothers only. Wilson pointed out that the changing economy in the inner cities has been exacerbated by changing demographics -- a disproportionate number of young blacks living in the central cities and the migration of working class and middle-income blacks out of urban areas. As a result, churches, local businesses, and community groups have seen their memberships dwindle and their resources shrink, which in turn, have weakened formal and informal controls over more negative behaviors like crime and street violence.

Wilson submitted that effective strategies for improving prospects for the truly disadvantaged -- and for the rest of us -- include combining welfare reform with a job creation policy that would guarantee job opportunities to any American citizen unable to find employment in the private sector, as well as universal provision of health care and child care. In addition, the U.S. must make investments in education, training, child support assurance, as well as expand the earned income tax credit.

Lawrence M. Mead, Associate Professor of Politics, New York University, and author of Beyond Entitlement: The Social Obligations of Citizenship testified that the problem of poverty is essentially an employment problem. Family poverty is due to an increase of able-bodied people who will not work, or who have reduced the number of hours they are willing to work. Mead argued against the notion of social barriers to work such as child care or transportation pointing out that many families are strained by hardship yet are still able to work and support their families. In Mead's view, current public assistance programs, by not requiring recipients to work, reinforce non-work behaviors.

Mead argued that government should set a higher standard for poor job seekers. Mead suggested that the present welfare system be converted into a workfare system that obliges citizens to work in exchange for income transfers. This, in turn, will improve their work effort and ensure economic security for their families.

Lisbeth B. Schorr, Lecturer in Social Medicine and Health Policy, Harvard Medical School: Member, Harvard University Working Group on Early Life, and author of Within Our Reach, Breaking the Cycle of the Disadvantaged described successful efforts to reduce social problems among the truly disadvantaged. Ms. Schorr testified that although the persistent poor make up only a minority of the total poor, they account for more than half of the childhood years spent in poverty. For this group, employment and economic opportunities will not suffice.

Schorr argued that successful programs have common characteristics: they are comprehensive and intensive and emphasize early rather than later intervention; they make sure that staff have the time, training, and skills necessary to build relationships of trust and respect; they view the child as part of the family, and the family as part of a neighborhood and community; and they cross long-standing professional and bureaucratic boundaries.

Schorr maintained that without a national commitment to improving the future of America's most neglected children, we will not be successful in replicating successful programs on a grand scale. Part of that commitment begins by expanding the programs we know work -- Headstart, WIC, and Medicaid -- on a national scale to all who are eligible. A second step is to identify, in state and federal laws, obstacles and disincentives that stand in the way of replication. And third, large bureaucracies must be helped by improving administration and increasing funding so that comprehensive, flexible, intensive programs can flourish.

LIST OF WITNESSES AND THOSE WHO SUBMITTED TESTIMONY FOR THE RECORD

CHILDREN AND FAMILIES IN POVERTY; THE STRUGGLE TO SURVIVE (2/25/88)

Bagby, Jane W., Assistant Director, The Appalachian Center, University of Kentucky, Lexington, Kentucky
Brown, Betty, Arlington, Massachusetts
*Bush, Madgelean, Executive Director, Martin Luther King, Jr. Community Center, Houston, Texas
Corey, Linda J., Poultney, Vermont
*Costen-Boyce, Chenay, advisory board member, Rural Day Care Association of Northeast North Carolina, Inc.; and member, Board of Directors, Rural Economic Development Center, Inc., Sunbury, North Carolina
*Delk, Rev. Yvonne V., Executive Director, Office for Church in Society, United Church of Christ; and Chairperson, National Planning Committee on Children in Poverty, New York
Drake, Joanne, Boston, Massachusetts
*Dugar, Nathaniel, pastor, The Way of the Cross Church, Washington, D.C.
*Fields, Celeste, parent, New York City, New York
*Fields, Richard, New York City, New York
Free, Terry Lynn, Head Start/ECEAP, Bellingham, Washington
*Greenstein, Robert, Director, Center on Budget and Policy Priorities, Washington, D.C.
Harris, Margaret, Tyner, Kentucky
Horn, Brenda, McKee, Kentucky
*Hudson, Lynn, parent, Tyner, Kentucky
Iowa Inter-Church Agency for Peace and Justice, Des Moines, Iowa
Jensen, Geraldine, Natinal President, The Association for Children for Enforcement of Support, Inc., Toledo, Ohio
*Kozol, Jonathan, educator and author, Byfield, Massachusetts
Lahti, Michele, National Association of Social Workers, Massachusetts Chapter, Boston, Massachusetts
*Melmed, Matthew E., Executive Director, Connecticut Association for Human Services, Hartford, Connecticut
Romo, Margarita, Director, Farmworkers Self-Help Inc., Dade City, Florida
*Sheehan, Robert P., President and Chief Executive Officer, Boys and Girls Home and Familiy Services, Sioux City, Iowa
*Smeeding, Timothy M., Director, Center for the Study of Families, Children, and the Elderly, Vanderbilt Institute for Public Policy Studies; Professor of Public Policy and Economics, Vanderbilt University, Nashville, Tennessee
*Smith, Allen R., Parent, Houston, Texas
Smith, Mattie M., Atlanta, Georgia
Steckler, Carol, Catholic Community Services, Everett, Washington
Tennant, Peg, Des Moines
Williams, Edna Fairbanks, Low Income Advocacy Council, United Church of Christ Dept. of Mission, Fairhaven, Vermont

YOUTH AND VIOLENCE; THE CURRENT CRISIS (3/9/88)

*Brown, James, Juvenile Court Probation Officer, Multnomah County Juvenile Justice Department, Portland, Oregon
*Calhoun, John A., Executive Director, National Crime Prevention

Council, Washington, D.C.
*Carver, John A., Esq., Director, District of Columbia Pretrial Services Agency, Washington, D.C.
*Cooper, Charles, Maryland Foster Care Citizen Review Board
*Currie, Elliott, Criminologist, Center for the Study of Law and Society, University of California, Berkeley, California
*Derico, Major Julius, Section Commander, Special Investigations Section, Intelligence Unit, Atlanta Department of Public Safety, Bureau of Police Services, Atlanta, Georgia
*Diaz-Parton, Marianne, Coastal Unit Supervisor, Community Youth Gang Services, Los Angeles, California
*Fattah, Sister Falaka, Director and Founder, House of UMOJA, Philadelphia, Pennsylvania
*Grant Shawn, Philadelphia, Pennsylvania
Guinses, V.G., Executive Director, SEY YES (Save Every Youngster Youth Enterprise Society), Los Angeles, California
*Huerta, Ismael, Los Angeles, California
*Kesselman, Martin S., M.D., Director of Clinical Psychiatry, Kings County Hospital Center; and Professor of Clinical Psychiatry, State University of New York, Health Science Center, Brooklyn, New York
*Martin, Robert, Director, Chicago Intervention Network, Chicago, Illinois
*Prothrow-Stith, Deborah, M.D., Commissioner, Massachusetts Department of Public Health, Boston, Massachusetts

FOSTER CARE, CHILD WELFARE AND ADOPTION ASSISTANCE (4/13/88, 4/28/88 and 5/12/88)

*A., Boyd, 12-year-old formerly in foster care
*Allen, MaryLee, Child Welfare and Mental Health Project, Children's Defense Fund, Washington, D.C.
*Babcock, C. Patrick, Director, Michigan Department of Social Services,
*Burton, J. Randolph, Spokesperson, Justice for Children, Houston, Texas
Campbell, Marilyn Case and Gervich, Shoneen S., San Carlos, California
Carlson, Edwin C., Victims of Child Abuse Laws, Inc., St. Petersburg, Florida
Clarke, Rich, Guidance Consultant, Mt. Diablo Unified School District, Contra Costa County, Concord, California
*Cooper, Charles, Assistant Administrator, Maryland Foster Care Citizen Review Board, Baltimore, Maryland
DePanfilis, Diane, ACTION for Child Protection, Annapolis, Maryland
*Dondiego, Sue, Legislation Chairman, New Jersey Foster Parents Association, Trenton, New Jersey
Dunckel, Jeanette, Children's Research Institute of California, California Foster Care Network Policy Board
English, Abigail, Attorney, National Center for Youth Law and The Youth Law Center, San Francisco, California
*Fink, Janet, Esq., Juvenile Rights Division, New York Legal Aid Society, New York, New York
Ford, Daniel, Gene and George, Harris County Children's Protective Services, Houston, Texas
Freebury, Artha L., National Child Welfare Resource Center for Management and Administration, Human Services Development Institute, University of Southern Maine
*Gallup, Suella, Member, American Federation of State, County and Municipal Employees, Local 371 of New York; and Supervisor, Special Services for Children, New York City, Human

Resources Administration, New York, New York
Gardebring, Sandra S., Minneota Department of Human Services
*Graham, Joan, Chairperson, Maryland Foster Care Citizen Review Board, Baltimore, Maryland
*Grayson, Mary, President, District of Columbia Foster Parents Association, Washington, D.C.
Gross, Linda, Victims of Child Abuse Laws, Inc., St. Petersburg, Florida
*Hardin, Mark A., Director, Foster Care Project, American Bar Association
*Haveman, James K., Jr., Executive Director, Bethany Christian Services, Grand Rapids, Michigan
*Hurst, Mona, Administrator, Northern Virginia Regional Office, Virginia Department of Social Services
*Jones, Judge William G., 26th Judicial District Court, Charlotte, North Carolina
*Kroll, Joe, Executive Director, North American Council on Adoptable Children, St. Paul, Minnesota
*Lepak, Dennis, Deputy Probation Officer, Contra Costa County, California Probation Department; and Vice-President, California Organization of Mental Health Advisory Boards
*Liederman, David, Executive Director, Child Welfare League of America, Washington, DC
*Lowry, Marcia, Esq., Director Children's Rights Project, American Civil Liberties Union, New York, New York
*McLaughlin, Megan, Executive Executive Director, Federation of Protestant Welfare Agencies, New York, New York
*Maguire, Franny, Program and Staff Development Officer, Family Court of the State of Delaware
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A DOMESTIC PRIORITY: OVERCOMING FAMILY POVERTY (9/22/88)

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EXCERPTS FROM SELECTED REPORTS

[COMMITTEE PRINT]

OPPORTUNITIES FOR SUCCESS: COST EFFECTIVE PROGRAMS FOR CHILDREN UPDATE, 1988

A REPORT

OF THE

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

U.S. HOUSE OF REPRESENTATIVES

ONE HUNDREDTH CONGRESS

SECOND SESSION

Printed for the use of the Select Committee on Children, Youth, and Families

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3

OPPORTUNITIES FOR SUCCESS: COST-EFFECTIVE PROGRAMS FOR CHILDREN UPDATE, 1988

INTRODUCTION

> Careful inquiry by biomedical and behavioral scientists has made it possible to devise many effective ways of preventing damage to children and adolescents worldwide....It is possible now to fashion clear guidelines for preventive action by putting together what we know about risk factors...with interventions that are proven or promising for each developmental stage, from before birth through adolescence.
>
> David A. Hamburg, M.D., President,
> Carnegie Corporation of New York
> Testimony before the Select Committee
> on Children, Youth, and Families,
> April 28, 1987

* * * * *

Three years ago, the Select Committee on Children, Youth, and Families issued its first comprehensive report on the success and cost-effectiveness of eight major federal programs that promote the health, education, nutrition and development of children in America. That report provided powerful research evidence that these key programs can make critical improvements in the lives of millions of children in this country, while reducing significantly the need for costly expenditures for years to come.

After 3 years of additional hearings, investigations, and studies, the evidence that these programs work -- that they help children and families and save money, too -- is even stronger.

Since that initial report, more than 25 additional studies have been completed that reinforce the original findings and extend our knowledge of the workability and effectiveness of these preventive services. And the constituency which supports continued, and expanded, investment in these efforts has grown beyond the child advocacy community to include major political and business leaders such as the National Governor's Association and the Committee on Economic Development.

As in 1985, we know how to use public policy to benefit children and to save the Federal treasury billions of dollars in long-term costs. Yet these proven programs fail to reach millions of eligible children and families who urgently need services. In some cases, we have not even kept pace with current need: we have fallen further behind, for example, in the immunization of preschool children against life-threatening diseases.

As in our first report, the findings in this updated version have been drawn from the most current and highly regarded evaluations and research reviews available. While we have described the most dramatic findings, in every case they are fully consistent with the weight of the evidence available.

The programs identified in this report have proven their cost-effectiveness time and time again. Other programs, which have not been incorporated into the study at this time, may well be just as effective. We choose not to include them because some have not yet been as thoroughly evaluated as those we have included, or because they may be too new to permit accurate longitudinal evaluations. "Family preservation" programs of intensive in-home early intervention services designed to prevent out-of-home placement of children can be both highly successful and cost-effective. Community-based family support programs are also showing promise. A shortage of rigorous independent evaluations prevents inclusion of these programs at this time, underscoring the need for additional research.

We acknowledge the methodological limitations present in evaluating social programs. However, it is extremely important to evaluate publicly supported programs and, for that reason, to develop the very best evaluation methods possible. In addition to enhancing our understanding of their impact on children and their budgetary implications, evaluations help us improve program design and delivery. The research reviewed in this study relies on the best methodologies available.

The new evidence presented in this report reinforces our earlier conclusion that "when the evaluations prove as positive as those found in this report, especially during a period of limited resources, we should use them to point the way to additional opportunities for sound investments in America's children and families." Given the precarious -- and in some cases, worsening -- status of America's children in such priority areas as medical care, housing, education and nutrition, this report will be an invaluable document for use by researchers, policymakers, and elected officials in responding to the urgent needs of children and families.

George Miller, Chairman
William Lehman
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Matthew F. McHugh
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David E. Skaggs

Dan Coats, Ranking Minority
Frank R. Wolf
Nancy L. Johnson
George C. Wortley
Ron Packard
Fred Grandy

[COMMITTEE PRINT]

100th Congress
2d Session | HOUSE OF REPRESENTATIVES

CONTINUING JEOPARDY: CHILDREN AND AIDS

A STAFF REPORT

OF THE

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

ONE HUNDREDTH CONGRESS

SECOND SESSION

SEPTEMBER 1988

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CONTINUING JEOPARDY: CHILDREN AND AIDS

Introduction

At the end of 1987 the Select Committee on Children, Youth, and Families issued a report, "A Generation in Jeopardy: Children and AIDS," documenting the impact of the epidemic on the Nation's young children, adolescents and their families. Since that time, we have continued to observe the insidious sweep of HIV infection across the Nation and its escalating effects on the youngest and most vulnerable.

These critical issues have commanded the attention of a growing number of experts and advocates. There are more reports addressing HIV infection among children and youth (1); a new coalition of national health, education and child welfare agencies has formed to educate its memberships, policymakers and the public (2); and children and youth with AIDS or who test antibody positive are now at the very least a notable part of discussions among researchers, service providers and policymakers dealing with the HIV epidemic.

Congress has led efforts to increase funding for research and other AIDS related activities, and has begun to address critical treatment and care issues for HIV-infected children. Since the Select Committee's initial report, Congress has approved and is considering additional health and foster care legislation that will help states and communities serve infants and young children with or suspected of having HIV infection. The continuing urgent challenge to Congress is two-fold: to support the development of more humane and cost-effective treatment and care, and to stop the spread of HIV, thus preventing the stream of children from becoming infected and entering the systems of care in the first place.

This report presents a snapshot of the progress made and the distance yet to cover in addressing the magnitude of the epidemic and its unrelenting assault on children and their families. We have tracked the course of the epidemic among children and youth with the help of noted experts who have testified before the Committee in 1988 and other experts whom we have interviewed, and have reported trends based on surveillance data gathered by the Centers for Disease Control as well as reports issued during the last several months.

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CHILDREN AND FAMILIES:

KEY TRENDS IN THE 1980s

A STAFF REPORT

OF THE

SELECT COMMITTEE ON CHILDREN,
YOUTH, AND FAMILIES

ONE HUNDREDTH CONGRESS
SECOND SESSION

DECEMBER 1988

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INTRODUCTION

Beginning in 1983, the Select Committee on Children, Youth, and Families began an assessment of the conditions in which American children and their families live. Over the past six years, our hearings, investigations, and reports have documented the profound social, demographic, and economic changes that have transformed America's families.

This report is a compilation of striking findings gleaned from Select Committee investigations on how children and families have fared over the past decade. These findings highlight important trends in economic security, poverty, child care, housing, education, health, and child welfare that can serve as a baseline for understanding the challenges children and families in America face in the 1990s.

These trends suggest disturbing realities for many of America's children and families. During the 1980s, despite their best efforts, millions of American families have fallen behind. The number of children in poverty continues to grow, with children replacing older persons as America's poorest age group. The number of non-elderly persons without health insurance -- one third of whom are children -- has increased dramatically over the past decade. Many families, especially young families, are finding it increasingly difficult to house and educate their children, pay for child care, save for the future, and care for their dependent parents. And, increasingly, full-time employment -- even of both parents -- is not enough to keep families and their children out of poverty.

While the findings in this report are not definitive, they reflect consistent themes which have emerged from the personal testimony of parents and children, as well as the evidence presented by prominent scholars and practitioners. Difficult circumstances demand creative solutions from the various institutions that affect families including school, work, government, and the families themselves. We hope that this report will further enhance our ability to formulate intelligent policies for children and families in the years ahead.

HIGHLIGHTS OF LEGISLATION AFFECTING CHILDREN AND FAMILIES ENACTED IN THE 100TH CONGRESS

**HIGHLIGHTS OF LEGISLATION
AFFECTING CHILDREN, YOUTH, AND FAMILIES
PASSED BY THE 100th CONGRESS**

PREVENTIVE HEALTH CARE

* **"Medicaid Infant Mortality Improvement Amendments of 1987"** (H.R. 3545, P.L. 100-203) gives states the option of extending Medicaid benefits to additional groups of low-income children and pregnant women.

* **"Medicaid Improvements"** (P.L. 100-360) requires states by July 1, 1990 to extend Medicaid coverage to all pregnant women and infants under age one with family incomes below 100% of the federal poverty level and with assets below the level established by the state; requires states which impose durational limits on Medicaid payments for inpatient hospital services to provide exceptions to any such limitation in the case of a child under age one who is receiving inpatient care in a Medicaid disproportionate share hospital; requires states to establish "outlier adjustments" for disproportionate share hospitals for medically necessary inpatient services delivered on or before July 1, 1989, involving exceptionally high cost or exceptionally long lengths of stay for infants up to age 1; ensures that services that are covered under Medicaid for children eligible for service under the Education for All Handicapped Children Act will be reimbursed by Medicaid even if they are also educationally related and therefore reimbursable under the education act.

* **"Community and Migrant Health Centers Reauthorization"** (H.R. 4503, P.L. 100-386) extends for three years grants to community and migrant health centers which are the primary federal program for providing health care to medically underserved populations; provides special grants for health care efforts targeted at pregnant women and their children who are poor or who have inadequate health insurance coverage for the purpose of reducing infant mortality.

* **"Vaccine Compensation Fund"** (H.R. 3545, P.L. 100-203) creates a system for financing the "no-fault" vaccine compensation program that was authorized in 1986 to compensate children for injuries received from the administration of certain prescribed childhood vaccines.

* **"Lead Contamination Control"** (H.R. 4939, P.L. 100-572) includes provisions to help reduce lead contamination in drinking water -- especially drinking water for children -- including requiring the repair, replacement, or recall of lead-lined water coolers; prohibiting the manufacture of water coolers that are not lead-free; and authorizes a new grant program to help schools test for lead contamination and take remedial action, and a new program providing technical and grant assistance to detect and prevent lead poisoning in children.

EDUCATION/EARLY CHILDHOOD EDUCATION

* **"Elementary & Secondary School Programs Reauthorization"** (H.R. 5, P.L. 100-297) reauthorizes through FY 1993 almost all federal elementary and secondary education programs, including Chapter 1 compensatory education, Chapter 2 education block grant, bilingual education, adult education, Indian education, and Impact Aid; authorizes additional compensatory education funding for school districts with high concentrations of poor children; establishes a new "Even Start" preschool program, a new "Comprehensive Child Development Centers" program to provide an array of family-centered, preventive and early intervention services beginning prenatally and assisting high risk, vulnerable children through kindergarten, and a high school program to prevent dropouts and develop basic skills. The measure also prohibits all "dial-a-porn" telephone operations.

FAMILY SUPPORT

* **"Family Support Act"** (H.R. 1720, P.L. 100-485) replaces the existing AFDC program with a new Family Support Program which emphasizes work, child support, and need-based family support supplements. It enacts new programs that encourage and assist disadvantaged children and parents to obtain the education, training, and employment needed to avoid long-term welfare dependence. Included among these programs are new workfare requirements for two-parent families receiving AFDC. In order to assist the transition to self-sufficiency, Medicaid coverage is extended for a full year for those families who leave the welfare rolls. Certain child care benefits are made available to welfare families under this law and new provisions strengthen procedures to ensure that absent parents pay child support.

* **"Temporary Child Care for Handicapped Children and Crisis Nurseries Act"** (H.R. 4676, P.L. 100-403) provides respite care demonstration projects for disabled and chronically ill children; and crisis nursery demonstration projects for children who are at risk of abuse or neglect.

HOUSING/HOMELESSNESS

* **"Housing Authorization"** (H.R. 4, P.L. 100-242) reauthorizes housing assistance programs administered by the Housing and Urban Development Department and the Farmer's Home Administration, makes permanent the Federal Housing Administration's authority to insure most mortgage loans, reauthorizes the Community Development Block Grant and Urban Development Action Grant programs, creates a new program to help moderate-income families purchase homes, provides for the designation of enterprise zones, and establishes a new grant program for child care programs in public housing projects.

* **"Stewart McKinney Homeless Assistance Act"** (H.R. 558, P.L. 100-77) authorizes funds for a variety of programs aiding the homeless, including homeless families with children: emergency shelter grants and supportive housing programs,

outpatient health care and mental health services, emergency food assistance, community services and education programs for children and adults.

* "Stewart McKinney Homeless Assistance Reauthorization" (H.R. 4352, P.L. 100-628) reauthorizes programs through FY 1990.

* "Fair Housing Amendments" (H.R. 1158, P.L. 100-430) strengthens the enforcement mechanisms of the federal fair housing law by authorizing HUD to prosecute cases before administrative law judges or in federal district court when conciliation fails; extends protection against housing discrimination to handicapped persons and families with children under the age of 18.

CHILDREN, YOUTH, AND FAMILIES IN CRISIS

* "Child Abuse Prevention, Adoption, and Family Services Act" (H.R. 1900, S. 2915, P.L. 100-294) reauthorizes three related child abuse prevention programs through 1991: the Child Abuse Prevention program, the Adoption Opportunities program and the Family Violence Prevention program.

* "Medicaid Waiver for Children Infected with AIDS or Drug Dependent at Birth" (P.L. 100-360) authorizes assistance to states in providing an array of outpatient medical and support services for medically fragile infants and children who without such services would remain in more costly, less appropriate hospital settings.

* "Abandoned Infants Assistance Act" (S. 945, P.L. 100-505) provides grants to local governments for demonstration projects to provide respite homes and other assistance for infants abandoned in hospitals, and extends foster care protection to such infants.

* "Comprehensive Alcohol Abuse, Drug Abuse and Mental Health Amendments" (H.R. 4907, P.L. 100-690) establishes a set-aside of funds for mental health services for community-based services and programs for seriously emotionally disturbed children and adolescents.

* "Victims of Crime Act" (P.L. 100-690) provides direct compensation and assistance to victims of crime, particularly child abuse, spouse abuse and sexual assault victims; and extends the "Children's Justice and Assistance Act" to improve the handling and investigation of child sexual abuse cases.

* "Juvenile Justice and Delinquency Prevention Act" (H.R. 1801, P.L. 100-690) authorizes necessary funds for fiscal years 1989-92 for existing programs of the Juvenile Justice and Delinquency Prevention Act such as Runaway and Homeless Youth programs and Missing Children programs; authorizes two new programs to fund prevention and treatment related to youth gangs, and to support transitional living programs for homeless youth.

ALCOHOL AND DRUG ABUSE

* **"Anti-Drug Abuse Act" (H.R. 5582, P.L. 100-690)** **Provisions for treatment and prevention activities for pregnant women and infants** authorize programs and services designed for women (especially pregnant women and women with dependent children) and demonstration projects for the provision of residential treatment services to pregnant women; specify that drug abuse education be included in WIC health and nutrition education programs; and authorize model programs for prevention, education, and treatment regarding drug and alcohol abuse relating to pregnant and post-partum women and their infants.

* **Provisions for education and prevention programs for young children and families** authorize development of innovative alcohol abuse education programs to focus on the effect of alcoholism on families, particularly with respect to children of alcoholics, designed to benefit young children and to increase awareness among educators; and authorize the development of age-appropriate drug abuse education and prevention curricula, programs, and training materials for use in early child development programs, including Head Start.

* **Provisions for drug abuse education and prevention programs for youth** authorize funds for public and nonprofit private agencies, organizations, institutions, and individuals to implement projects and activities designed to prevent and reduce youth involvement in gangs engaged in illicit drug-related activities; authorize funding for public and private nonprofit agencies, organizations, and institutions to carry out research, demonstration, and services projects designed to provide counseling to, and education activities for, runaway youth and their families and to homeless youth for the purpose of reducing illicit drug use by such youth; and authorizes funds for community service and partnerships designed to develop community activities targeted at drug abuse prevention through education, training and recreation projects with priority given to programs serving youth who are not in school or are at risk of dropping out, as well as to youth-gang members and other high-risk youth.

CIVIL RIGHTS

* **"Civil Rights Restoration Act" (S.557, P.L. 100-259)** overturns the 1984 Supreme Court decision, Grove City v. Bell, which restricted the application of federal anti-discrimination laws to individual programs or activities receiving aid. The bill prohibits discrimination throughout entire agencies or institutions that receive federal financial assistance. The measure clarifies that it does not require any person or hospital, or other institution, program, or activity that receives federal assistance to perform or pay for an abortion.

* **"Fair Housing Amendments" (H.R. 1158, P.L. 100-430)** (See Section on Housing/Homelessness)

MINORITY VIEWS OF CONGRESSMAN DAN COATS

RANKING MINORITY MEMBER

The House Select Committee on Children, Youth, and Families held eight hearings in 1988. Three of these hearings were jointly conducted with the House Ways and Means Committee. The Minority was given little opportunity to have its views well-represented in those hearings. Nevertheless, the Republican Members of the Committee and staff, approached all the hearings constructively and with a singular goal--to participate in a comprehensive and thoughtful examination of critical social problems plaguing American families and their children.

The Minority will raise several issues herein: One, while the issues examined by the Committee were diverse, several recurrent themes emerge which the Republican Members feel can be viewed as tools for tackling the myriad of social problems facing American families today; two, the limitations on the Minority's ability to participate in meaningful examination and discussion of the social issues the Committee was established to study; and three, the issuance of Staff Reports which do not require Republican Members' approval.

I Key Republican Themes in 1988

The issues which the Committee examined were diverse: family

poverty, youth and violence, foster care, AIDS, and caring for children and the elderly. Interwoven in this diversity however, were recurrent themes which the Minority feels are important to recognize if we are to successfully address the serious problems that confront today's families. To tackle these problems policymakers should:

1) Encourage more efficient utilization of fiscal resources so more money can get to those most in need (e.g. targeting programs to the needy);

2) Feature local solutions by community people, in the belief this not only empowers communities but is more likely to work;

3) Foster public-private partnerships, private sector, local and state solutions rather than a primary emphasis on the responsibility of federal government to solve all problems;

4) Place a high priority on the importance of families and recognize the potency of a family perspective for solving problems;

5) Put the problem in perspective by examining the amount of federal money currently spent to address the problem, and how this money is being spent;

6) Encourage communities to develop and tailor programs to meet their unique needs; this means developing policies allowing for flexibility and local discretion.

Specific Illustrations of These Themes:

1) Republican Members of the Committee stressed the importance of efficient utilization of current resources in alleviating social ills.

Hearing: Children and Families in Poverty
(25 February 1988)

Source: Rep. Coats, Ranking Minority Member, Select Committee on Children, Youth, and Families

"...let's spend the money we do have intelligently and effectively. When I hear someone come up here and say New York City spends $2000 a month for rent in squalor conditions and then Mr. says I can spend that same money, $500 a month, and provide decent housing for people, for goodness sakes then let's at least do that. That's a start. I'm not saying that we don't need more money. We do need more money in a lot of these programs, but let's not assume that the money we're now spending is being spent in the most effective way possible. Let's at least make intelligent use of the money we have....The program in New York is obviously a failure. Let's try to do something about it and make more effective use of the money that's available. That's the very least we can do and perhaps that's the first thing we ought to do. Hopefully we can muster the support on a bipartisan basis for the intelligent spending of more money in areas where we need more money. We have to be able to go back to the taxpayer and say we're not throwing it away in some rat hole in New York a $2000 a month when people I represent are paying $400 a month for housing that's far superior to that. I've got to be able to go back and convince them that we're at least making intelligent decisions as to how we spend their tax dollars."

Hearing: Children and Families in Poverty
(25 February 1988)

Source: Rep. Grandy, Republican Member, Select Committee on Children, Youth, and Families

"The important point, I think, to be made here is the necessity of coordination among bureaucracies and governmental departments."

Hearing: Youth and Violence: The Current Crisis (9 March 1988)

Source: Rep. Coats, Ranking Minority Member, Select Committee on Children, Youth, and Families

"During the 1960's and 1970's we had had a social experiment of pouring a great deal of money into a lot of different social programs with some very poor results. People were pretty much fed up with that expenditure of money bringing about so few results. Now, the answer is to try to find a better way to spend the money and get better results for the dollars that are spent."

2) Republican Members and witnesses highlighted the importance of local initiatives and community-based solutions.

Hearing: Children and Families in Poverty (25 February 1988)

Source: Rep. Coats, Ranking Minority Member, Select Committee on Children, Youth, and Families

[on tenant management] "...I proposed changes for tenants in this situation, it wasn't the administration that blocked it, it was housing bureaucrats that run public housing that said, 'Oh, no, don't take it away from us. We want to run it. You mean you're going to turn over authority to set living conditions and living standards to the people that live there? Why, they couldn't possibly make those kind of decisions. We're the ones that need to make the decision.'"

Hearing: Youth and Violence: The Current Crisis (9 March 1988)

Source: John Calhoun, Executive Director, National Crime Prevention Council

"A rich array of teen-sponsored, teen-run projects have grown up such as peer counseling, student courts, cross-age tutoring, drug abuse prevention. One school administrator testified that this program is so successful because it believes in the power of kids to change the community."

Hearing: Youth and Violence: The Current Crisis
(9 March 1988)

Source: John Calhoun, Executive Director, National Crime Prevention Council

"Churches can play a role. We're involved in a project now called Family Mentoring which is analogous to Big Brothers/Big Sisters, to assign an adult volunteer mentor to help families about to blow up. And then there is Father Clement's 'One Church, One Child Initiative.' There are many things churches can do."

Hearing: Youth and Violence: The Current Crisis
(9 March 1988)

Source: John Calhoun, Executive Director, National Crime Prevention Council

"In 1928, the Wickersham Commission identified neighborhood stability as a key to preventing crime. Current research documents that the community's health has much to do with people's perceptions of their power to control and change their lives. Stability and a sense of ability to control help communities. And the reverse is true."

Hearing: Youth and Violence: The Current Crisis
(9 March 1988)

Source: John Calhoun, Executive Director, National Crime Prevention Council

"I think underneath it, [the Youth as Resources Project] is a way of looking at kids not just as objects of our service but as national and local assets, as resources, if you will."

Hearing: Youth and Violence: The Current Crisis
(9 March 1988)

Source: Rep. Coats, Ranking Minority Member, Select Committee on Children, Youth, and Families

"...a number of public housing projects have turned over to a tenant management type program with some remarkable success. I visited a couple of those and they have basically done the same thing, 'You put some responsibility in our hands for our own destiny, you give us some of the dignity of being able to give something back, to participate in the process and make decisions that effect our own lives,' and people respond."

Hearing: Double Duty: Caring for Children and the Elderly
(3 May 1988)

Source: J. Knox Singleton, Chairman, Volunteer Development Committee, Fairfax County Commission on Aging

"We have not begun to recognize the tremendous potential that resides among the older persons retiring at 55 or 60 and living another 20 to 25 years. They are largely not employed to anywhere near their potential. I think we need to make a great effort to encourage community-based programs involving older adults in the resonsibility of providing the family support programs that are so much needed to supplement or complement the government services.

3) Several witnesses urged the Committee to consider innovative solutions that fostered public/private partnerships and private sector as well as church involvement.

Hearing: Children and Families in Poverty
(25 February 1988)

Source: Nathaniel Dugar, Pastor, Way of the Cross Church

"Both the governmental and private sectors must join together against poverty. Their support is an investment in the betterment of not only one community, but of Washington, DC and in general, the whole of society."

Hearing: Youth and Violence: The Current Crisis
(9 March 1988)

Source: John Calhoun, Executive Director, National Crime Prevention Council

"Schools linked with businesses make a difference.... There is an array of non-federal strategies available."

Hearing: Youth and Violence: The Current Crisis
(9 March 1988)

Source: Rep. Coats, Ranking Minority Member, Select Committee on Children, Youth, and Families

"The federal government simply isn't going to be able to solve all their problems. It's going to have to be a joint federal/state effort. But a lot more people

are going to have to get invovled with this on a personal level than are currently involved. A lot of indiviuals, community leaders, bank presidents, Chamber of Commerce presidents, labor leaders, school boards, teachers, parents, ministers, on and on are going to have to get involved if we're going to successfully deal with these problems. I don't believe that simply doubling the funding for some of these programs coming out of the federal government is going to do the job."

Hearing: Double Duty: Caring for Children and the Elderly (3 May 1988)

Source: J. Knox Singleton, Chairman, Volunteer Development Committee, Fairfax County Commission on Aging

"So those are the four main categories of need, as I see them. The question is, how do we address these needs? First of all, I would like to say that I see that there is a definite limitation on these families. I think that the major resource or approach that I see is one that Dr. Johnson has addressed, and that is through the organization of community-based programs involving the churches and older adults principally as volunteers, but also to the extent that younger persons are able or in a position to participate."

Hearing: Double Duty: Caring for Children and the Elderly (3 May 1988)

Source: Rep. Holloway, Republican Member, Select Committee on Children, Youth, and Families

"I think in this world today we are encouraging, you know, who cares for who. I think we have about gotten to that point in this country today. The Federal Government can't be everything for everyone. I think that was the intention of this country. I think it is great that we can use our churches. I think that was what our founding fathers intended, that we use the resources that we have in this country."

4) In as many hearings as possible, Minority Members and witnesses stressed the importance of maintaining a family perspective.

Hearing: Children and Families in Poverty (25 February 1988)

Source: Rep. Coats, Ranking Minority Member, Select Committee on Children, Youth, and Families

"Unless we put our priority on rebuilding families, we will not make much progress in reducing dependency and giving children the opportunity to move out of poverty because government spending simply cannot keep up with the problem of single parent family growth at lower levels."

Hearing: Youth and Violence: The Current Crisis (9 March 1988)

Source: Rep. Coats, Ranking Minority Member, Select Committee on Children, Youth, and Families

"Shawn, in your statement that you submitted to the committee you said, 'Like many of the other gang members, I grew up in a single parent household. My father has had little contact with me since I was one year old.' Then later on you said, 'When I was young, I used to wonder about my father. I resented his not being involved in my life. Now I don't care anymore. I think that I would not have become involved in a gang if I had had a job and if my father had had a relationship with me.' What you said there, is that typical of the gang members, the kids that are involved in selling the drugs and operating the gangs?"

Shawn Grant, 18 year old gang member from Phildephia: "Yes, most of them."

Hearing: Youth and Violence: The Current Crisis (9 March 1988)

Source: John Calhoun, Executive Director, National Crime Prevention Council

"When you look at studies showing adult time spent with kids, a piece of it is also choice. So, I think that we have to sound a clarion cry in terms of programs for children and youth and their families across the board."

Hearing: Double Duty: Caring for Children and the Elderly (3 May 1988)

Source: Rep. Coats, Ranking Minority Member, Select Committee on Children, Youth, and Families

"Finally, the stress on the family as the result of caregiving needs to recognized as a problem that can only be addressed in the context of the total family system. Clearly, if the woman is 'in the middle' then

the other family members need to regroup and get her out."

Hearing: Double Duty: Caring for Children and the Elderly
(3 May 1988)

Source: Pamela Doty, "Family Care of the Elderly: The Role of Public Policy," 15 August 1985 cited in Minority Fact Sheet

Family caregiving is motivated primarily by three factors: love and affection felt toward the individual, a sense of gratitude and desire to reciprocate caregiveing or other help that was previously given by the impaired elderly person to the spouse or adult child, and allegiance to a more generalized societal norm of spousal or filial responsibility.

5) Minority Fact Sheets clearly outlined current federal expenditures on the problem under consideration and reported many evaluations to note if the problem was getting better or worse given current funding levels.

Hearing: Overcoming Family Poverty
22 September 1988

Source: [CRS IB87007, cited in Minority Fact Sheet]

More than 70 programs give cash and noncash income to persons without means. Examples include Aid to Families with Dependent Children (AFDC), Supplemental Security Income (SSI), Food Stamps, National School Lunch Program, Head Start, Special Supplemental Program for Women, Infants, and Children (WIC), and Low Income Housing. The aggregate benefits of these programs was $158.7 billion in FY 87. Federal funds provided 72% of the total. Of all welfare funds, almost 40% provided medical aid; almost 1/2, provided cash relief, food benefits, and housing; and about 9% went to investment in "human capital" programs such as education and job training.

Hearing: Children and Families in Poverty
(25 February 1988)

Source: Morton Schussheim, "Housing the Low-Income Family with Children," CRS, 1987, cited in Minority Fact Sheet.

In 1986, Federal outlays for low-income rental housing programs were 13 billion, including 6 to 7 billion for low-income families with children. For example, a

national program designed to offer aid to all very low income renters would involve about 8 million households, in addition to the 4.5 million households already served in 1988. Past experience suggests that only 3 to 3.5 million would choose to participate. Enrolling these people incrementally as in the past, the additional cost each year (1987 dollars) would be about 1.2 to 1.4 billion, reaching 12 to 14 billion per year after 10 years. Half of thesee added participants (1.6 million households) would be families with children.

6) Witnesses and Members emphasized the importance of allowing local jurisdictions to fashion a policies that are tailored to their unique circumstaces.

Hearing: Child Welfare, Foster Care, and Adoption Assistance
(28 April 1988)

Source: Rep. Hastert, Republican Member, Select Committee on Children, Youth, and Families

"Chicago is different from Dade County or Lake County. But every jurisdiction is different, every community is different, and the reactions of the courts and the agencies and how much funds they have and what the resources are and what the community feeling is. It is hard enough to get uniformity in a state or county, let alone nationwide."

Hearing: Child Welfare, Foster Care, and Adoption Assistance
(28 April 1988)

Hearing: Foster Care, Child Welfare, and Adoption Reforms

Sydney Olson, Assistant Secretary for Human Development Services, Department of Health and Human Services

"One system that works well in one place will not work for every case. I think Ms. Stewart, as a practitioner before she came to the Federal Government would tell you you cannot set hard and fast rules for every case that is considered."

II Limitations Upon the Minority's Ability to Participate

Since the formation of this Committee, the Republican Members have complained that Members haven't been included in agenda planning. Though input is sought through staff, in fact the Minority has little control over the hearing topics, has almost no input into the structure of the hearings, and has significantly fewer opportunities to express our point of view through the number of witnesses. Some of this is simply due to the realities of minority status in the House, but some goes beyond this.

The series of hearings our Committee sponsored with the Committee on Ways and Means is an example of a process that should have involved the Minority in a meaningful way. While Minority participation opportunities are too limited in regular CYF hearings, they have always been even more restricted in joint hearings such as the jointly-conducted Committee hearings on drugs and on SIDs in previous years. Joint hearings should not be used extensively since they further reduce Minority participation, which is already limited.

The Minority was also disturbed with the treatment of invited witnesses from the Department of Health and Human Services who testified at the joint hearing entitled "Foster Care, Child Welfare, and Adoption Reforms." The witnesses representing the Department were: Sydney Olson (Assistant Secretary for Human Development Services), Joseph Mottola (Deputy Commissioner, Administration for Children, Youth, and Families), and Betty Stewart (Associate Commissioner, Children's Bureau). The purpose of the testimony was

to detail the efforts of DHHS in implementing PL 96-272, the Adoption Assistance and Child Welfare Amendments of 1980.

The Majority was not alone in their feelings of frustration at all of the problems that continue to exist in foster care, after the enactment of PL 96-272 and after spending billions of dollars. However, it was inappropriate to assume that a newly appointed Assistant Secretary of Human Development Services was personally responsible for the apparent failures of a complex system. Yet numerous comments were made deprecating the personal intention of Ms. Olson. The fact that these unfair accusations were televised nationwide further compounded the inequity.

While there are some Republicans who agree with the Majority that DHHS did not present convincing testimony regarding its role in the breakdown of the foster care system, our Republican Members feel that the foster care system is complex and the failure of the system goes beyond one governmental entity and certainly beyond the culpability of a single administration official. This type of treatment may further negatively affect the ability to attract dissenting witnesses.

Though the Minority has relatively little access into the decision-making process for CYF hearings and far fewer witnesses, our Members have the same proportional attendance rate (31%) as the Majority. That dedication should be repaid with greater attention to Minority concerns and opinions. There is room for a far more free and lively debate.

III Issuance of Staff Reports rather than Full Committee Documents

While many of the reports issued by the Committee are full Committee reports, the Minority continues to be disturbed by the Majority's issuing Staff Reports. Staff Reports are unlike Committee Reports in that they do not require Member approval. The failure to require full Committee participation means that the Minority is not assured meaningful input into a document that is released under the Committee's name. This gives the impression that the full weight of the whole Committee is behind it. However, Committee reports guarantee the Minority the right to dissenting views while staff reports do not.

While the reports have been clearly identified as "staff reports," which means that they have been prepared by the Democratic staff, the Republican Members assert that policymakers and the public have not understood this distinction.

For staff reports, the Ranking Minority Member was given the opportunity to "sign on" or may have been able to seek some modifications or dissenting views. However, the Republican Members objected to the usage of staff reports which do not protect minority rights nor allow full Committee participation.

Thus, for example, the 1988 report on family trends did not include the data collected by the Minority which suggest a somewhat different overall picture nor did the 1988 report with updated AIDS statistics include the Minority's objections to the original report. Those objections are included in this year-end summary.

The core of our dissent from the 1987 AIDS Majority report is based upon the following points:

1) Most children, especially infants, get AIDS from adults. If we are serious about protecting children from AIDS, the focus must be on stopping the spread of AIDS among adults as fast as possible. The Majority report never clearly states this basic truth.

2) The number one means of transmission of AIDS is through anal intercourse, most common among homosexuals. The Majority report not only does not clearly state this, it repeatedly downplays the pivotal role anal intercourse and homosexuality has played and contunues to play in the AIDS crisis.

3) Infected homosexual IV drug-users, especially in inner cities and so-called "shooting galleries" have spread it to heterosexuals. The numbers are still small, and since the CDC recently revised its definition of AIDS, it is not clear that the heterosexual spread of AIDS is growing. However, we face a potential epidemic among certain categories of heterosexual (i.e. those abusing drugs and those married to bisexuals) and children infected by adults with AIDS.

4) This report indirectly hints at the truth that family, character, and responsibility are the keys to solving this problem, yet it pays only "lip service" at best to ideas that could produce real changes. The Majority report states no less than five times that 70% of teens are sexually active by age 20. Through repetition, they seem to want readers of this report to become conditions to accept the current level of teenage sexual activity is an unchangeable fact of life.

5) Condom failure rates guarantee that there is no such thing as "safe sex." It may be "safer sex" but, for example, it needs to be clearly stated that the failure rates in anal intercourse are hardly what most people would call safe.

6) The Majority report criticizes the level of funding available. We would argue that probably the biggest spending void at this time is in the area of preventing the disease. Spending cannot keep up with demand unless aggressive prevention is undertaken. We need more caring for the potential victims.

[A Generation in Jeopardy: Children and AIDS, Select Committee on Children, Youth, and Families, December 1987, pp. 142-3]

The Minority Members hold legitimate points of view on the vital issues facing the American family. We believe that a disservice is rendered when a staff report is released that fails to acknowledge all of the issues and fails to seek the comments of all the Members of the Select Committee.

Chairman's Response to Minority Views

One of the principal reasons that Congress established the Select Committee on Children, Youth and Families was to work with other committees and enhance their ability to address issues affecting families and their children comprehensively. During the past several years, while we have taken the opportunity to sponsor joint hearings only rarely, we have benefited from the results of these collaborative efforts. The three oversight hearings which the Select Committee held jointly this year with the Subcommittee on Public Assistance and Unemployment Compensation of the Ways and Means Committee addressing foster care, child welfare and adoption reform were an excellent example of such cooperation.

While the Minority has suggested that their perspectives were inadequately reflected in these hearings, it is important to note that the Minority made no request of the Chairman or the Select Committee staff for witnesses for any of the hearings held jointly with Ways and Means.

With regard to the Minority's concerns about staff reports, in each and every case in which the Majority has prepared a staff report, the Minority was informed in advance of the anticipated report and was offered the opportunity to sign the report. They declined, and there were no further negotiations held.

George Miller

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